

VPD LIMITED

# Dental and Skin

## Inspection Report

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### Overall summary

We carried out this announced inspection on 24 September 2018 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**

Dental and Skin is based in the London Borough of Islington and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs.

The dental team includes three dentists, a dental hygienist, a trainee dental nurse, and a receptionist. The practice has two dental treatment rooms, and a separate room for facial aesthetic and skin treatments.

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

# Summary of findings

manager. Registered managers have legal responsibility 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 Dental and Skin was the principal dentist.

On the day of inspection we obtained feedback from 11 patients.

During the inspection we spoke with the principal dentist, the trainee dental nurse, and the receptionist. We checked practice policies and procedures and other records about how the service is managed.

The practice is open at the following times:

- Monday, Friday, Saturday: 9am – 5pm
- Tuesday, Wednesday, Thursday: 12pm – 8pm

## **Our key findings were:**

- The practice appeared clean and well maintained.
- The practice 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 risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- Feedback we received from patients about the service was positive.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

There is an area where the practice could make improvement. They should:

- Review their responsibilities to meet the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

# 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.

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 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.

The premises and equipment appeared 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.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, professional and kind.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

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 11 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, considerate and respectful. They also commented that staff made them feel at ease.

They said that they were given helpful, detailed and clear explanations about dental treatment and said their all staff listened to them.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



# Summary of findings

## 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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for wheelchair users.

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 and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were clearly typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included 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 & 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.

There was a system to highlight vulnerable patients in their records.

The practice had a whistleblowing policy. Staff told us that they felt confident they could raise concerns without fear of recrimination.

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

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff; these reflected the relevant legislation. We looked at two staff recruitment records and found that the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council. They 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 and firefighting equipment were regularly checked.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

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 up to date and 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. They had completed a sharps risk assessment.

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, and that the effectiveness of the vaccination was checked for all staff.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support.

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

A trainee dental nurse worked with the dentists and the dental hygienist 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 followed guidance in The

# Are services safe?

Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. 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 HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

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

We saw cleaning schedules for the premises. The practice appeared clean when we inspected and patients confirmed that this was usual.

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

The practice carried out infection prevention and control audits twice a year. The latest 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 principal dentist how information to deliver safe care and treatment was handled and recorded. We looked at 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 data protection requirements.

Referrals forms the practice used to make 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 practice 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.

## **Track record on safety**

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues.

There was a system for receiving and acting on national safety alerts to help them maintain a good standard of safety in relation to medicines, materials and equipment.

## **Lessons learned and improvements**

There was evidence to show that the practice investigated, documented and discussed incidents to prevent such occurrences happening again in the future. This helped them understand risks that could lead to safety improvements.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep staff up to date with current evidence-based practice. The dentists assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The staff were involved in quality improvement initiatives including in-house peer review as part of their approach in 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 principal dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

Where applicable, the dentists discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of interdental brushes for sale and provided health promotion information to help patients maintain good oral health. They also provided patients with free toothpaste samples.

The principal dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice and taking plaque and gum bleeding scores and detailed charts of the patients gum conditions.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### 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 principal dentist told us that they gave patients information about treatment options and the risks and benefits of these so that they could make informed decisions. Patients confirmed that their dentist listened to them and gave them clear information about their treatment.

The practice had policies on consent and 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 policies referred to the legal precedent (commonly known as Gillick competence) by which a child under the age of 16 years of age can consent for themselves; staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they would involve patients' relatives or carers when appropriate and made sure that 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 dentists assessed patients' treatment needs in line with recognised guidance.

### 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 induction programme. Clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they had regular clinical supervision, and performance reviews during which they discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed performance reviews and professional development plans in staff folders, and evidence of how the practice addressed the training requirements of staff.

### Co-ordinating care and treatment

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

The principal dentist confirmed that they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

# Are services effective?

(for example, treatment is effective)

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

The practice monitored all referrals to make sure they were dealt with promptly.



# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

We received feedback from 11 patients; they commented positively that they had received excellent care at the practice. They told us staff were respectful, compassionate, caring, polite, kind and professional. They said staff made every effort to ensure they were comfortable, and that they were treated with dignity and respect.

During the inspection staff treated patients in a friendly and helpful manner at the reception desk and over the telephone.

Information leaflets were available for patients to read in the waiting area. The practice provided refreshments for patients.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more

privacy they would take them into another room. The computer screen at the reception desk was not visible to patients. Staff did not leave patients' personal information where other patients might see it.

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

### **Involving people in decisions about care and treatment**

Staff helped patients be involved in decisions about their care. They told us they could arrange for interpretation services for patients who did not speak or understand English.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, models and radiograph images.

# 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 and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. Patients told us staff had been very supportive to them whenever needed.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, an accessible toilet with hand rails and a call bell. They described how they would support patients who had hearing difficulties.

The practice could strengthen arrangements to continually improve access for patients, by completing a disability access audit.

Patients told us the practice sent them reminders about their appointment to ensure they would not miss them.

### 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 on their website. The practice's answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

Patients confirmed that they could make routine and emergency appointments easily and they were usually seen on time. They told us staff kept them informed if the dentist was running late. Patients said they had enough time during their appointment and did not feel rushed.

### 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 complaints policy providing guidance to staff on how to handle a complaint. They also had information explaining how patients could make a complaint. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

The principal dentist was responsible for dealing with complaints; they told us they aimed to settle complaints promptly.

The practice kept a log of complaints; we found they responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The principal dentist had the capacity and skills to deliver high quality care. They were knowledgeable about issues and priorities relating to the quality of the service.

They worked closely with staff and prioritised compassionate and inclusive leadership.

### Vision and strategy

There was a clear vision and set of values to provide safe, high quality, patient-focused care, whilst keeping up to date with the latest techniques. The practice also had objectives to encourage further training and education for the staff members to encourage learning and professional growth.

### Culture

Staff stated they felt respected, supported and valued. They expressed a sense of pride in working at the practice and told us they supported and learned from each other. They said all the practice's staff worked well as a team.

The practice demonstrated openness, honesty and transparency when responding to incidents and complaints. They were aware of, and had systems to ensure compliance, with the requirements of the Duty of Candour.

Staff we spoke with told us that they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The whole team was also responsible for different aspects of the day to day running of the service.

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

The provider had a system of clinical governance in place which included policies, protocols and procedures that were practice-specific, accessible to all members of staff, and 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. They used quality and operational information to improve the service.

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 external partners

The practice involved patients and staff members to support high-quality services. They used an 'opinion box', verbal comments and an online feedback portal to obtain staff and patients' views about the service. They also had a social networking facility patients could use to keep in touch with them.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. The principal dentist described how they had responded to feedback from staff by improving privacy at the reception desk.

### Continuous improvement and innovation

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 dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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

Staff told us that they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking training in infection prevention and control, radiography and radiation protection, and managing medical emergencies. Staff members had also undertaken training in consent,

## Are services well-led?

safeguarding children and adults, equality and diversity, complaints handling, conflict resolution, communication, phlebotomy, and the control of substances hazardous to health.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.