

Mrs. Gillian Ward

Kindandental

Inspection Report

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Overall summary

We carried out this announced inspection on 3 October 2017 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.

We told the NHS England area team that we were inspecting the practice. They did not provide any information.

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

Kindandental is in Newington Green, in the London borough of Islington. It provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Heavily restricted car parking spaces are available near the practice.

The dental team includes four dentists, four qualified dental nurses, two dental hygienists, and two receptionists, one of who is also a qualified dental nurse. There are two trainee dental nurses, a practice manager

Summary of findings

who is also a qualified dental nurse, and a practice administrator who is also a qualified dental nurse. The practice has four treatment rooms located on the ground and basement floors of a converted period building.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of the inspection we collected feedback from 50 patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, three dental nurses, the receptionists, the practice administrators and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open at the following times:

Monday - Thurs: 8.30am – 5pm

Friday: 8am – 2.30pm

Saturday: Hygienist only 8am – 2pm

Our key findings were:

- The practice was clean and well maintained. They 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 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 appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- Staff felt involved and supported and worked well as a team.
- The practice had systems to help them manage risk. Improvements could be made in ensuring identified risks were responded to promptly.
- The practice had systems to help them monitor and improve their service. Improvements could be made to ensure infection control audits were carried out more regularly, and to ensure learning points from the radiograph audit were documented and shared with all relevant staff.

There were areas where the provider could make improvements. They should:

- Review the fire and health and safety risk assessments to ensure all identified risks are monitored and mitigated and all actions are completed promptly.
- Review the practice's current audit protocols to ensure infection control audits are undertaken at regular intervals, and where applicable learning points from radiograph audits are documented and shared with all relevant staff.

Shortly after the inspection the practice took steps to begin to make improvements.

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.

All staff we spoke with 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 were clean and properly maintained. The practice followed national guidance for cleaning and sterilising 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 professional, caring and informative. 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.

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 50 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, supportive, friendly and professional. They said that they were given helpful and clear explanations about dental treatment, and said their dentist listened to them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

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



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.

No action



Summary of findings

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

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

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 written or typed.

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. Improvements could be made to ensure infection control audits were carried out more regularly, and to ensure learning points from the radiograph audit were documented and shared with all relevant staff.

The practice had systems to help them manage risk. Improvements could be made to ensure long-standing high priority risks identified from the fire safety and health and safety risk assessments were promptly addressed.

Shortly after the inspection the practice took steps to begin to make improvements.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice had recently signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). They told us they had not yet received any alerts and assured us relevant alerts would be discussed with staff, acted on and stored for future reference.

The practice had set up a social media group to facilitate communication of incidents and immediate concerns.

Reliable safety systems and processes (including safeguarding)

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.

All staff we spoke with knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We saw evidence that the majority of staff had received safeguarding training. Outstanding training for two members of non-clinical staff was completed shortly after the inspection.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments.

The practice followed relevant safety laws when using needles and other sharp dental items. The dentists 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 events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Shortly after the inspection the practice ordered paediatric defibrillator pads to add to their existing equipment. Staff kept records of their checks of the medicines and equipment to make sure they were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We checked two recruitment records of recently recruited staff. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice had health and safety policies which were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had carried out risk assessments fire safety and health and safety. They told us they had also carried out Legionella and asbestos risk assessments but they were yet to receive copies of the reports for these.

The practice had employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients. Staff told us although the dental hygienists worked without a dental nurse, they were usually able to seek assistance when carrying out complex treatments.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. In most instances they followed guidance in The Health Technical

Are services safe?

Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records we checked showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. Improvements could be made to ensure some dental instruments were appropriately stored in sealed pouches; shortly after the inspection the practice assured us these instruments were stored in pouches.

The practice carried out infection prevention and control audits yearly instead of six-monthly as per recommended guidelines. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Shortly after the inspection the practice told us they had ordered water testing equipment to further minimise any risk of Legionella infection.

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

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions securely; improvements could be made to ensure they had systems in place to record the serial numbers of prescription pads so that they could be appropriately monitored, as described in current guidance by the NHS Business Services Authority (NHSBSA). Shortly after the inspection the practice implemented and began to use a prescription log to ensure the use of prescription pads could be monitored.

Radiography (X-rays)

The practice had 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 dental radiographs they took. The practice carried out yearly radiograph audits following current guidance and legislation.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice provided preventative care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us that, where appropriate, they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help and encourage patients to maintain good oral health.

Staffing

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

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included 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 (NICE) in 2005 to help make sure patients were seen quickly by a specialist. Following a recent incident the practice demonstrated improvements they had made to their referrals processes. In particular they had implemented a facility which would facilitate the monitoring of urgent referrals. They had also created a checklist clearly displayed in every treatment room to ensure staff would confirm key patient information for every referral.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their 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 and the dentists we spoke with were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

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

We received feedback from 50 patients who commented positively about all aspects of the service. They told us staff were caring, professional and helpful, and that they were treated with dignity and respect. We observed that staff treated patients in a friendly manner and with courtesy at the reception desk and over the telephone.

Nervous patients commented that staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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 reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. Staff password protected patients' electronic care records and backed these up to secure storage. Improvements could be made to ensure paper records were stored more securely; shortly after the

inspection the practice sent us evidence showing that records had been removed from open shelving in the hallway, and locks had been fitted on doors to improve the security of stored records.

Information folders and leaflets were available for patients to read.

Involvement in decisions about care and treatment

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.

Patients told us staff were kind and reassuring when they had experienced pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and more complex treatments.

Each treatment room had a screen so the dentists could show patients photographs and radiograph images when they discussed treatment options. Staff also used visual aids to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

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 told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff told us that they sent patients reminder texts and emails about their scheduled appointments.

Promoting equality

The practice made reasonable adjustments for patients with enhanced needs. The practice told us they were restricted in being able to provide an accessible toilet due to the layout of the premises.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to British Sign Language interpreters for people with profound hearing problems. Staff spoke English, French, Portuguese, Spanish, Urdu and Italian and told us they would be able to help with translation in these languages if needed.

Access to the service

The practice displayed its opening hours in the premises and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing dental pain on the same day. The website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice explained they had experienced staffing changes which resulted in governance arrangements becoming unsettled. They had recently appointed a new practice manager who was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. Improvements could be made to ensure long-standing risks, listed as being of high priority in the practice's December 2016 fire safety and health and safety risk assessments, were addressed and actions promptly implemented.

Shortly after the inspection the practice completed some outstanding actions such as obtaining a gas boiler certificate and installing fire doors. They informed us they had begun to arrange for other essential works to be carried out and that they would keep us updated on their progress.

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

Leadership, openness and transparency

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their

concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs, dental care records, and infection prevention and control. They had clear records of the results of the majority of these audits and the resulting action plans and improvements. Improvements could be made to ensure there was a comprehensive action plan for the most recent radiograph audit.

The principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Dental nurses and non-clinical staff had received appraisals during which they discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies, each year. The General Dental Council (GDC) requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used surveys and verbal comments to obtain patients' views about the service. They obtained staff feedback from informal day-to-day discussions and meetings.

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 regularly audited the results of the FFT in order to monitor patient satisfaction levels.