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The Gentle Dentist

Inspection report

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Overall summary

We undertook a follow up focused inspection of The Gentle Dentist on 4 August 2021. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist advisor.

We undertook a comprehensive inspection of The Gentle Dentist on 18 May 2021 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe, effective and well led care and was in breach of Regulations 12- Safe Care and Treatment and 17- Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for The Gentle Dentist on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- Is it well-led?

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations. The provider had made improvements in relation to the regulatory breaches we found at our inspection on 18 May 2021.

Summary of findings

Are services effective?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 18 May 2021.

Are services well-led?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 18 May 2021.

Background

The Gentle Dentist is located in Covent Garden in the London Borough of Camden. Recent published data shows that oral health in Camden was comparable to other London boroughs, however it was higher than England average. The practice provides private treatments to patients of all ages from a converted terraced property. The practice offered conscious sedation to adults which is undertaken by a visiting anaesthesiologist and the principal dentist.

The first two floors of the building consist of four surgeries, a separate decontamination room, reception area and a waiting room.

The practice is situated close to public transportation services and local amenities including supermarkets and a post office.

The dental team includes the principal dentist who leased the practice, a specialist orthodontist, a visiting endodontist, two dental hygienists, two full time dental nurses and a full-time practice manager.

The practice is run 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.

The practice is open:

Monday: 09:00 - 20:00

Tuesday: 09:00 - 21:00

Wednesday: 08:00 - 18:00

Thursday: 08:00 - 18:00

Friday: 08:00 - 16:00

During out of hours, patients are advised to contact the dedicated phone number for advice and or treatment.

Summary of findings

On the day of the inspection we spoke with the principal dentist, one dental nurse, one dental hygienist, one receptionist/practice manager. We also looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Staff had been fit tested for respiratory protective equipment.
- The provider had taken reasonable steps to identify, mitigate and manage the risks to patients specifically to those relating to fire safety, legionella and electrical safety.
- We found the risk of harm to patient from conscious sedation has been mitigated.
- Recruitment checks had improved.
- The provider now had a process in place to receive patient safety alerts.
- Staff provided preventive care and supported patients to ensure better oral health.
- Information governance arrangements had improved to safeguard patients' personal information.
- Steps had been taken to improve policies and procedures to reflect the practice protocols.

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

- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the use of latex material.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

At the inspection of 18 May 2021, we found the Gentle Dentist did not always provide care and treatment in line with current guidance relating to the provision of dental treatment under conscious sedation. We took enforcement action asking the provider to cease undertaking operator-sedationist led dental treatments (where the dentist delivers sedation as well as carries out the required dental treatment) under conscious sedation until they could demonstrate to the Commission that steps had been put in place to improve conscious sedation systems, processes and practices to a safe standard.

At this inspection, we found adequate improvements had been made to the service which meant that risks to service users have been mitigated considerably; therefore, we have concluded it is safe for the operator-sedationist to resume the provision of dental treatment using conscious sedation.

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

At the inspection of 18 May 2021, we found that the provider was not adhering to 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. At the follow up inspection of 4 August 2021, we saw the following improvements had been made:

- The processes and procedures for the transfer of contaminated items from the treatment to the decontamination area as well as the transfer of sterilised instruments now minimised the risk of infection to patients. The transportation of contaminated and sterilised instruments was no longer transferred using the same container.
- Zoning of the decontamination room was now clearly marked and demarcated.
- There was now a dedicated handwashing area in the decontamination room.
- Manually cleaned instruments were now rinsed under the running tap instead of in a bowl and staff were now using detergent suitable for cleaning dental instruments.
- Staff had received mandatory training in infection prevention and control.
- All recommendations in the professional risk assessment of 27 May 2021 had been actioned and records of water testing and dental unit water line management were maintained.
- The infection and prevention control audit undertaken on 15 July 2021 now documented required areas for improvement and remedial measures implemented.
- Additional standard operating procedures had been implemented to protect patients and staff from COVID-19. Appropriate personal protective equipment (PPE) was in use and staff had been fit tested for respiratory protective equipment.
- Proper recruitment checks were now in place for all staff members and staff records now included full history of employment and Disclosure and Barring Service (DBS) checks.
- A fire risk assessment was carried out in line with the legal requirements and fire drills were now undertaken. Staff had received training in the management of fire safety including those nominated as fire marshals.
- The practice offered conscious sedation for patients. We found significant gaps in relation to patient assessment and clinical monitoring. The sedation techniques were not in accordance with published guidelines and improvements were needed to ensure service users were kept safe. At the follow up inspection on 4 August 2021, the provider told us they would ensure patients are appropriately assessed prior to conscious sedation, clinical records will include pre-operative, intra-operative and post-operative monitoring and they would only use one route of administration for sedating patients.
- At this inspection we found all staff involved in sedation had received training in Immediate Life Support (ILS).

Are services safe?

- The dental nurse who was enrolled on the National Examining Board for Dental Nurses (NEBDN) sedation course was still awaiting the final examination. The provider told us the dental hygienist who was sedation trained would assist with sedation in the future.
- We found that the practice stored the Glucagon Hypokit as per manufacturer's recommendations.
- There was a lone worker policy, however it did not cover all the risks faced by the dental hygienist who worked without chairside support.
- At this inspection we observed staff locked or logged off the computers when unattended.
- The provider now had a system for receiving and acting on safety alerts, for example those received from Medicines and Healthcare products Regulatory Agency (MHRA).
- The dental hygienists carried out inhalation sedation using dedicated machines which were regularly serviced and safely stored. We also reviewed clinical notes and saw that staff recorded details of the concentrations of the sedation gases used. Active scavenging (a means to collect and remove excess gases to prevent them from being vented back into the surgery) was in place and conformed to Control of Substances Hazardous to Health (COSHH) standards.

These improvements showed the provider had taken the necessary action to comply with the regulations when we inspected on 4 August 2021.

Are services effective?

(for example, treatment is effective)

Our findings

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

At our previous inspection on 18 May 2021, we judged the provider was not providing effective services as the arrangements in respect of effective staffing and coordinating care and treatment were not adequate. We told the provider to take action when we issued them with a Warning notice.

These arrangements had significantly improved when we undertook a follow up inspection on 4 August 2021. We found the practice had made the following improvements to comply with the regulations and was now providing effective care in accordance with the relevant regulations:

- At the inspection of 18 May 2021, we found that new staff members did not always receive a structured induction programme. At this inspection, we reviewed staff records and found that the provider had strengthened these arrangements.
- At this inspection we saw that all staff had completed mandatory training.
- The provider had established systems and processes to manage referrals and these were fit for purpose.

These improvements showed the provider had taken action to comply with Regulation 12 when we inspected on 4 August 2021.

Are services well-led?

Our findings

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

At our previous inspection of 18 May 2021, we judged the provider was not providing well-led services as there was a limited over-arching governance structure and risks were not adequately mitigated. We told the provider to take action and issued them with Warning notices in respect of these issues. When we undertook the follow up inspection on 4 August 2021, the following improvements to the service were demonstrable:

We found that the provider, who had overall responsibility for the management and clinical leadership of the practice, had responded appropriately to the findings in our report. The provider ensured a system of clinical governance was now in place which included a suite of bespoke policies, protocols and procedures accessible to all members of staff and were reviewed on a regular basis. They had also sought the assistance of a compliance personnel who understood the requirements of CQC.

We saw that staff discussed their training needs at a recent appraisal.

Information governance arrangements had improved to avoid compromising patient's confidential data.

Since the inspection of 18 May 2021, the provider had established better systems, processes and arrangements for managing risks, issues and performance. For example:

- Oversight was now in place to ensure improvements made could be sustained.
- Relevant documentation for all employees were being maintained.
- Formalised induction arrangements for new employees and those changing roles have been implemented.
- Risk assessments were now in place to identify and mitigate risks to patients and staff; this included legionella and fire safety.
- Improvements had been made in relation to the provision of dental care using conscious sedation and infection prevention and control (IPC) practices.
- Systems were now embedded to monitor staff training and appraisals.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 4 August 2021.