

Tavistock Dental

Pentonville Road Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 24 January 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

Pentonville Road Dental is in Kings Cross, London, and provides private treatment to adults and children.

The clinical team includes a principal dentist, four associate dentists, a qualified dental nurse, and a receptionist. The team is supported by a practice manager.

The practice has three treatment rooms.

The practice is owned by a partnership, and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the

Summary of findings

requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Pentonville Road Dental is the principal dentist.

On the day of inspection, we collected 36 CQC comment cards filled in by patients.

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

The practice is open at the following times:

- Mondays and Wednesdays – 9am to 6pm
- Tuesdays, Thursdays and Fridays – 8am to 6pm

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 risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- 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.
- Staff felt involved and supported and worked well as a team.
- The provider had effective leadership and culture of continuous improvement.

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

- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.

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.

The 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.

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 but one member of clinical staff. The provider began to address this shortly after the inspection.

Staff were qualified for their roles and the practice completed essential recruitment checks. However, improvements could be made to ensure up-to-date Disclosure and Barring Service checks were carried out for staff members prior to them commencing work at the practice. The provider began to address this shortly after the inspection.

No action



Are services effective?

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

The dentist we spoke with assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as exceptional, and professional. The dentist 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 provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

Dental care records stored securely; they were clearly typed, well-written and comprehensive.

Staff had regular meetings and informal discussions, and there was evidence of appraisals for staff.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 36 people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, friendly, professional, caring, and informative.

Patients said they had received excellent care. They commented that they were given clear and detailed information about their treatment, and said their dentist listened to them.

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

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 considered patients' different needs. They were able to direct patients who used wheelchairs to one of their local sister practices that had wheelchair access.

Staff spoke a variety of languages, and the practice had arrangements to help patients with impaired sight or hearing.

The practice took patients views seriously. They valued compliments from patients and responded to concerns 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 told us they felt supported and appreciated.

The provider 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 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 highlight vulnerable patients on records e.g. adults and children 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 recrimination.

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

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. We checked staff recruitment records, which showed the practice followed their recruitment procedure in most cases. We found current Disclosure and Barring Service (DBS) checks for two non-clinical staff and a clinical staff member had not been carried out by the practice prior to them commencing work at the practice, but historic checks had been obtained from their previous places of employment. Shortly after the inspection the provider assured us they had begun the process of carrying out new DBS checks for the relevant staff members.

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 and gas appliances.

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

The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 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 reviewed to help them manage potential risk.

The practice had employer's liability insurance.

We checked 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 completed.

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. The effectiveness of the vaccination was checked for all but one member of clinical staff. Shortly after the inspection the provider told us they were taking the necessary steps to address this.

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

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 dentists they treated patients in line with the 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 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. 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.

The provider 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 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 checked 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 held onsite. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentist we spoke with was aware of current guidance with regards to prescribing medicines.

Track record on safety, lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues.

The practice had systems for documenting, investigating and reviewing incidents. They discussed incidents with the rest of the dental practice team to prevent such occurrences happening again in the future. This helped them understand risks and gave a clear, accurate and current picture that led to safety improvements.

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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

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. Where applicable the dental clinicians discussed smoking, alcohol consumption and diet with patients during appointments.

The dentist we spoke with prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for adults based on an assessment of their risk of tooth decay.

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.

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 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, 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 dentists assessed patients' treatment needs in line with recognised guidance. The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. We checked a sample of these records to confirm our findings and noted that the dental care records were well-written and contained key information about the patients' care and treatment.

The practice audited patients' dental care records to check that the dentists/ dental clinicians 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 and clinical supervision and appraisals. We saw evidence of completed staff appraisals.

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 in primary 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.

Are services effective?

(for example, treatment is effective)

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 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. They were aware of their responsibility to respect people's diversity and human rights. They treated patients respectfully and in a friendly manner towards patients in person and over the telephone.

We received feedback from 36 patients. Patients commented positively that they had received good care. They commented that staff were welcoming, friendly, professional, caring, and informative.

Patients said the staff were understanding of their needs and that they supported them in making choices that supported their wellbeing. A patient who shared with us their anxieties about visiting the dentist told us staff made them feel reassured and at ease.

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 told us they would take them into another room. The computer screen at the reception desk was 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.

Patients were told about multi-lingual staff that might be able to support them; staff spoke a variety of languages. Staff communicated with patients in a way that they could understand; communication aids were available and documents could be amended to make them easier to read.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them, and discussed options for treatment with them. The dentist we spoke with 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 dentist used photographs, models and radiograph images to help patients them better understand their diagnosis and treatment.

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 patient needs and preferences.

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

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

Staff discussed arrangements for supporting patients with impaired hearing or sight.

A disability access audit had been completed to identify how the practice could continually improve access for patients. The practice told us the design of the building limited them from being able to provide step-free access and an accessible toilet, though they were able to signpost patients who required these facilities to their local sister practice in the Kings Cross area.

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 in the premises, and included it in their information leaflet 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. Staff reminded patients on the morning of their appointment to make sure they could get to the practice.

The practice's 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.

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. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

The practice told us they had not received any complaints in the last 12 months.

Are services well-led?

Our findings

Leadership capacity and capability

The practice's leaders were visible and approachable. They worked closely with staff and others and prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future growth of the practice.

Vision and strategy if applicable

There was a clear patient-focused vision and set of values. These included providing excellent customer service with a focus on high standards of patient care.

Culture

The practice had an open, inclusive culture that was focused on excellent team working, well-being and communication. Staff described their working atmosphere as being friendly and supportive. 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 proud to work in the practice. They told us they could raise concerns and were encouraged to do so, and they had confidence that any concerns would be addressed.

Staff showed 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.

Governance and management

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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, the public, staff and external partners to support high-quality sustainable services.

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

Senior staff had acted on feedback from staff by making improvements relating to working patterns within the practice.

The practice carried out and audited annual patient experience surveys. Their recent survey results showed patient feedback was consistently positive. The practice had created and reviewed action plans for further improving the service and patient satisfaction.

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

Are services well-led?

audits of patient satisfaction, 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.

Employed staff had regular appraisals during which they discussed learning needs, general wellbeing and aims for future professional development.

Staff completed 'highly recommended' training as per the General Dental Council's professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete continuing professional development.