# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# The Gentle Dentist

61 Shelton Street, Covent Garden, London, WC2H 9HE

Tel: 02073950520

Date of Inspection: 25 February 2014

Date of Publication: March 2014

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Consent to care and treatment** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Cleanliness and infection control** | ✓ Met this standard |
| **Requirements relating to workers** | ✗ Action needed |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Dr. Antonia Paolella |
| Overview of the service | The Gentle Dentist is a small private practice near Covent Garden in central London. Three dentists work at the practice along with a dental hygienist. |
| Type of service | Dental service |
| Regulated activities | Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury |

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*


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## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 February 2014, talked with people who use the service and talked with staff.

### What people told us and what we found

We inspected this practice on the 25 February 2013. We spoke with the provider, one the dental nurses and the practice administrator, who was also a dental nurse.

We spoke with two people attending for appointments. They were very happy with the service provided and complimentary of the dentists' approach and work. One person said, "I have been using the practice for years. It's a very good, very professional service." People said they were given appropriate information regarding treatment and fees to consent. They said they were treated with dignity and respect.

The premises were clean and tidy. Practice staff carried out suitable cleaning and hygiene routines. We observed high standards of customer care, with the staff being friendly, attentive and helpful.

We looked at a number of people's treatment records and other documentation relating to the service. People's treatment records and the practice's policy and procedure guidance were detailed and well maintained. However, the records relating to staff were deficient and we have set an action accordingly.

The practice had appropriate up-to-date written policies and procedure guidance. There was an effective system for monitoring the quality of the service and for dealing with complaints.

You can see our judgements on the front page of this report.

### What we have told the provider to do

We have asked the provider to send us a report by 04 April 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement

powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Consent to care and treatment** ✓ Met this standard

**Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

### Reasons for our judgement

The provider set out details of the treatments available and fees on its website. Information was also displayed in the waiting area. The provider kept people's treatment records both in hard copies, in a locked cabinet in a locked room, and securely on the provider's computer. Treatment plans were printed, with copies being given to patients. We looked at the treatment plans and saw that they were completed with detailed information regarding the treatment and fees. We saw that people then signed the plans to confirm their consent. People told us their treatment and the costs were explained in detail, allowing them to make a fully informed decision.

We asked the staff about their understanding of the Mental Capacity Act and how they dealt with obtaining consent from people who might lack capacity to consent to dental treatment. They said that relatives or carers would be asked to accompany people attending for a consultation. They would be consulted regarding any treatment considered necessary by the dentist to be in the person's best interest.

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

## Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

## Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan.

We spent time in the reception area. The waiting room was separate. We saw that the telephone was answered promptly and people were greeted in a polite, friendly and informative way. Appointments ran on time. People told us this was usually the case. They told us that making appointments was easy and that convenient appointment times were always available. The provider's website had an online booking facility.

People's medical histories were recorded or updated at the beginning of each new course of treatment. People told us that the time allocated for their appointments was sufficient. One said that their treatment was carried out in a "calm and relaxed way". Another person told us that they brought their children for treatment because the dentists' comforting manner. Both people said that the dentists fully explained their treatment and took time answering their questions.

During our inspection, a person who was receiving treatment required deep sedation. We saw the procedure was carried out appropriately, with the person being constantly monitored by the nurses during their recovery.

There were arrangements in place to deal with foreseeable emergencies Emergency drugs and oxygen were available together with a defibrillator. There was a log of weekly checks of the defibrillator and oxygen. Staff had been trained in emergency first aid. One of the practice nurses monitored the supply of emergency drugs as part of the routine stock control checks. The premises had recently been inspected by fire safety officers, who had raised no concerns. New firefighting equipment had been installed and fire drills were carried out periodically.

The practice had an up-to-date policy on safeguarding children and vulnerable adults, which included the contact details of local safeguarding teams. The provider showed a good understanding of safeguarding issues and was able to explain their responsibilities if abuse was suspected. The practice had a chaperone policy, should people wish to be accompanied during treatment. No safeguarding alerts had been raised relating to the

service. The administrator told us that refresher training on safeguarding was to be arranged in the coming few weeks.

**Cleanliness and infection control** ✓ Met this standard

**People should be cared for in a clean environment and protected from the risk of infection**

## Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

## Reasons for our judgement

The provider had a copy of the relevant Department of Health guidance and the practice had an up-to-date infection control policy.

One of the practice nurses demonstrated to us the appropriate procedures for cleaning instruments between appointments. The cleaning was carried out in a decontamination room located in the basement. Instruments were taken there and back from the surgeries in appropriate covered trays. Instruments were examined using an illuminated magnifier, washed by machine and then sterilised in an autoclave. Sterilised instruments were appropriately bagged and labelled.

The consultation rooms and decontamination room were cleaned by the nurses and clinicians and we saw that appropriate checklists were maintained. Common areas were cleaned by a contractor. The provider may find it useful to note that the decontamination room would benefit from dusting at ceiling level. The premises were mostly visibly clean and tidy. The patients we spoke with said this was usual and they had never had concerns over the cleanliness of the surgery or hygiene issues. Staff wore appropriate personal protective equipment during treatment.

We saw that the practice had suitable arrangements with a licensed contractor for the removal and disposal of clinical waste.

**Requirements relating to workers** ✖ Action needed

**People should be cared for by staff who are properly qualified and able to do their job**

## Our judgement

The provider was not meeting this standard.

The was insufficient evidence that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

## Reasons for our judgement

We looked at the staff employment records. We established that the records did not contain all the information required in accordance with Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider, employed dentists, the hygienist and nurses had appropriate professional registrations. We saw evidence that the provider had undergone required health checks and received necessary immunisations. We also saw that a Criminal Records Bureau (now the Disclosure and Barring Service) check had been carried out in respect of the provider. However, there was no evidence of CRB / DBS or health checks and immunisations relating to the other staff members. Other missing evidence included proof of identification, proof of residence and past employment references. We discussed this with the practice administrator. They told us that they were aware that some of the required checks had been carried out, but that they had not been given the certificates by the staff members. The practice administrator had identified the deficiency with the staff records, but had not had an opportunity to correct them. We pointed out the requirement of the Regulation 21 (b) that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 is available for inspection. The practice administrator said that the documents and information would be obtained from the staff members concerned and would be kept at the practice for inspection.

The records listed courses undertaken by staff to comply with the continued professional development requirements of the professional bodies. A staff member told us that they were fully supported by the provider to attend training courses and obtain further qualifications.

The staff team worked well together. Staff told us that as the team was small, there was no need for formal staff meetings and that there were sufficient opportunities during the day to discuss any issues relating to the service. One staff member said "It's a really nice place to work. It's like a family."

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

## Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

## Reasons for our judgement

We saw that patient satisfaction questionnaires were available in the waiting room. The practice had a detailed complaints procedure which was also displayed.

People's comments had been included on the practice website until recently, but the provider told us they were no longer available due to technical problems. The practice administrator told us that they would make arrangements for the comments to be replaced. We saw printed copies of five comments that had been submitted. They were consistently positive regarding the service.

The provider told us that one complaint had been received in the last year. It related to fees. The complainant had not made use of the practice's complaints procedure, raising the issue directly with the General Dental Council. We saw that the matter was being appropriately addressed by the provider.

The practice had various written policies and procedure guidance which had been introduced during the last year. These covered such issues as clinical governance, safeguarding children and vulnerable adults, confidentiality, information control and data protection. There were policies relating to patient-centred care, patient safety and consent. The practice administrator told us that the policies would be reviewed over the coming months. The practice also had copies of various British Dental Association guidance documents.

**This section is primarily information for the provider**

## Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activities | Regulation |
|---|---|
| Diagnostic and screening procedures<br><br>Surgical procedures<br><br>Treatment of disease, disorder or injury | **Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Requirements relating to workers** |
| | **How the regulation was not being met:**<br><br>The provider failed to make available for inspection appropriate records relating to the staff in accordance with Regulation 21 (b) and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. |

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 04 April 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact -** people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact -** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact -** people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

| |
|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.

## Contact us

| | |
|---|---|
| Phone: | 03000 616161 |
| Email: | enquiries@cqc.org.uk |
| Write to us at: | Care Quality Commission<br>Citygate<br>Gallowgate<br>Newcastle upon Tyne<br>NE1 4PA |
| Website: | www.cqc.org.uk |

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