

Michael Carling Limited

Michael Carling Harley Street

Inspection report

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Date of inspection visit: 19 July 2023
Date of publication: 26/09/2023

Overall summary

We carried out this announced comprehensive on 19 July 2023 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 practice 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5

- 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- The practice had staff recruitment procedures. Improvements were required to ensure satisfactory evidence of conduct in previous employment (references) were taken and appropriately recorded.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.

Summary of findings

- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- Staff knew how to deal with medical emergencies. Most appropriate medicines and life-saving equipment were available. However, improvements were required to ensure buccal midazolam and glucagon were available and appropriate checks were made on the emergency drug kit.
- Not all staff who supported conscious sedation had carried out Immediate Life Support (ILS) or equivalent training.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding children, improvements were required in regards to the practice's vulnerable adults safeguarding policy.
- There was a lack of oversight in regard to some areas of the practice's governance and risk management such as medical emergencies and sedation.

There was lack of clarity as to why certain patients requiring conscious sedation in a secondary setting had been treated at the practice.

We brought our concerns related to conscious sedation to the attention of the principal dentist. They informed us that they had voluntarily decided, with immediate effect, to stop carrying out dental treatment using conscious sedation at the practice.

Background

Michael Carling Harley Street is in Westminster and provides private dental care and treatment for adults and children.

The practice is located on the 1st floor of the building it is located in and not accessible for people who use wheelchairs and those with pushchairs. Arrangements were in place to refer patients who could not access the building to other practice.

The dental team includes 4 dentists (including the principal dentist), 2 dental nurses, 1 trainee dental nurse, 3 dental therapists, 1 receptionist and the practice manager. The practice has 3 treatment rooms.

During the inspection we spoke with the principal dentist, 2 dental nurses, a receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8.30am to 6pm

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

Summary of findings

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	Requirements notice ✗

Are services safe?

Our findings

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

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

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. However, the policies did not contain sufficient information about how the service dealt with vulnerable adults. The provider told us they would review the policies and update them.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation. However, we noted that there was no evidence of satisfactory conduct in previous employment (references) for three of the records we reviewed. We spoke to the provider about this, and they told us that one of the staff members had been recommended by another member of staff. They told us they would ensure they obtained written references going forward.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included for cone-beam computed tomography (CBCT).

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness .

Most emergency equipment and medicines were available . However, there were some omissions. The kit did not contain buccal midazolam, a medicine used to treat prolonged epileptic seizures or Glucagon which is used to treat low blood sugar. The practice check list did not include these items and they were not aware they were required. The provider told us they would obtain the missing items and update the checklist to include these items.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. However, the practice carried out conscious sedation and not all staff had undertaken Immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training).

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Are services safe?

Information to deliver safe care and treatment

Patient care records were legible, kept securely and generally complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines. Labelling of dispensed medicines was however incomplete and not in accordance with the National Institute for Health and Care Excellence (NICE) guidelines. For example, the practice did not ensure the details of the practice were included with the medicines dispensed.

The practice did not carry out antimicrobial prescribing audits. The principal dentist told us they would introduce these audits going forward, and also ensure that medicines dispensed had the correct information.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

The practice offered conscious sedation for patients. This was carried out by a visiting sedationist. The practice's systems included checks before and after treatment. However, there were some gaps as there were no checks for emergency equipment or training requirements. For example, the practice did not have the recommended sized oxygen cylinder for sedation, and additional oxygen was not brought to the practice by the visiting sedationist. The staff at the practice who supported sedation had not undertaken Immediate Life Support ILS training. We spoke to the provider about these deficiencies, and they decided to stop carrying out sedation at the practice.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

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 practice kept patient care records that were generally in line with recognised guidance. However, improvements were required to ensure sedation notes contained sufficient information. For example, two sedation patient records we checked had been categorised according to the American Society of Anaesthesiologists (ASA) as grade III (Severe systemic disease) which would normally mean that sedation should be carried out in a hospital setting. There were no details in the notes explaining why sedation had been carried out at the practice for these two patients.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff had completed most of their continuing professional development required for their registration with the General Dental Council. However, there were some gaps; two of the dentists had not completed appropriate training in Ionising Radiation (Medical Exposure) Regulations (IRMER) within the last 5 years. We spoke to the provider about this, and they told us they would ensure that the dentist carried out the training.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

On the day of inspection we reviewed feedback from patients. Patients said staff were brilliant, patient and caring.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The dentist explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, videos, X-ray images and an intra-oral camera.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The practice staff provider demonstrated a transparent and open culture in relation to people's safety.

Improvements were required to the oversight of some activities, in particular sedation and medical emergency medicine and equipment.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

Governance and management

Improvements were required to the governance system to ensure policies included relevant information, including having a suitable safeguarding adult policy. Policies and procedures need to be accessible to all members of staff and reviewed on a regular basis.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. Improvements were required to ensure that antimicrobial prescribing audits were carried out.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 17 Good governance</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• All staff who supported conscious sedation had not carried out Immediate Life Support (ILS) or equivalent training.• The practice did not have access to sufficient medical oxygen to carry out conscious sedation safely.• The practice did not have buccal midazolam or Glucagon in the medical emergency kit. The provider was not aware of the requirement to have these items.• The checklist for medical emergencies did not contain all the required medicines.• The practice had not obtained references for some staff.• 2 Sedation records we checked scored the patients as category ASA III without details as to why the patients could safely be treated in a primary setting.• Two dentists had not carried out IR(ME)R training within the last 5 years.• There was no safeguarding policy for vulnerable adults.

This section is primarily information for the provider

Requirement notices

- Labelling of dispensed medicines was incomplete and not in accordance with the National Institute for Health and Care Excellence (NICE) guidelines

Reg 17 (1)