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The Harley Street Advanced Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 11 December 2015 to ask the practice the following key questions: Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was not 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 not providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

The Harley Street Advanced Dental Centre is located in the London Borough of Westminster and provides private dental services.

The staff structure of the practice consists of a dentist, a practice manager, an assistant practice manager and a dental nurse.

The practice premises consists of two treatment rooms (one was not in use), a decontamination room and a waiting area.

The provider is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent Care Quality Commission (CQC) comment cards to the practice for patients to complete to tell us about their experience of the practice. Sixteen patients provided feedback about the service. They provided a positive view of the services the practice provides. Patients commented that the quality of care was good.

Our key findings were:

Summary of findings

- The practice had suitable processes around reporting and discussion of incidents.
- Staff were trained and there was appropriate equipment to respond to medical emergencies.
- Patients told us that staff were caring and treated them with dignity and respect.
- There was equipment for staff to undertake their duties but there was limited evidence of regular maintenance of equipment such as that used for decontamination of used instruments and for radiography.
- There was lack of appropriate systems in place to safeguard patients.
- The provider had not undertaken risk assessments to assess risk of fire, Legionella, health and safety or radiation.
- An appropriate complaints system had not been set up.
- Appropriate governance arrangements were not in place and there was lack of a clear vision for the smooth running of the practice.
- The practice policies were generic and not individualised to the practice.
- Clinical audits were not being undertaken appropriately and were not contributing to improvements in quality of care delivery.
- Staff were not receiving suitable training as recommended by the General Dental Council.

We identified regulations that were not being met and the provider must**:**

- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure audits of various aspects of the service, such as radiography, infection control and dental care records are undertaken at regular intervals to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure that the practice has and implements, robust procedures and processes that make sure that people are protected from abuse.
- Ensure that the registered person establishes and operates effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.
- Ensure the training, learning and development needs of individual staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff.

There were areas where the provider could make improvements and should:

- Review recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum
- 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Review the availability of equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the protocols and procedures for use of X-ray equipment giving due regard to Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.
- Review the practice's policy and the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure they are stored securely .
- Review the practice protocols and adopt an individual risk based approach to clinical decisions such as patient recalls and wisdom teeth removal giving due regard to National Institute for Health and Care Excellence (NICE) guidelines.

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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

We found that staff were trained and there was appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice had a system in place to document, investigate and learn from it. The practice had procedures for the safe recruitment of staff which included carrying out criminal record checks and obtaining references. However we found that improvements could be made in regards to carrying out checks and obtaining reference for staff. The practice did not have policies and protocols related to the safe running of the service; there were no policies for and staff had not received training in safeguarding children and vulnerable adults from abuse. We saw no evidence of a policy for maintaining the required standards of infection prevention.

The provider assured us on the day of the inspection and following our visit that they would address these issues by notifying staff of the correct procedures to follow, provide staff training, and put immediate procedures in place to manage risks. We have since been sent evidence of additional training that has been booked for staff and other documents to show that improvements are being made.

Are services effective?

We found that the practice was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Patients were given appropriate information to support them to make decisions about the treatment they received. Patients were referred to other professionals when appropriate to do so. The practice kept records of treatments carried out. Patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation and dietary advice. There was some evidence that the dentist carried out an assessment to establish individual needs in dental care we checked. However we found no evidence that the practice kept up to date with all current guidelines and research in order to continually develop and improve their system of clinical risk management. Staff were not receiving suitable training as recommended by the General Dental Council.

Are services caring?

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

The feedback we received from patients was positive about the service provided by the practice. Patients said the staff were caring. We found that dental care records were stored securely, and patient confidentiality was well maintained.

Are services responsive to people's needs?

We found that this practice was not providing responsive care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Patients had good access to routine and emergency appointments at the practice. There was sufficient equipment to meet the dental needs of their patient population. However, the practice had not established an accessible system for identifying, receiving, recording, handling and responding to complaints by service users. There were limited arrangements to meet the needs of people whose first language was not English.

Summary of findings

Are services well-led?

We found that 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 Notices section at the end of this report).

Improvements needed to be made in the governance arrangements and in establishing an effective management structure. There were policies and procedures in place to monitoring various aspects of care; however we found polices were generic and not practice specific. Risks relating to health, safety and welfare of patients and others were not assessed and mitigated. Clinical audits were not being undertaken appropriately and were not contributing to improvements in quality of care delivery.

The Harley Street Advanced Dental Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced comprehensive inspection on 11 December 2015. The inspection was led by a CQC inspector. They were accompanied by a specialist advisor.

The practice sent us their statement of purpose and a summary of complaints they had received in the last 12 months. We also reviewed further information on the day of the inspection.

We received feedback from 16 patients and spoke with the practice manager, assistant practice manager, dentist and dental nurse. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 therefore formed the framework for the areas we looked at during the inspection

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had suitable processes around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. There had been no incidents over the past 12 months but staff were able to explain how incidents were logged and how they have learnt from previous incidents.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months. Staff understood the importance of the Duty of Candour and the need to inform the appropriate bodies and patients effected of any relevant incidents [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead. However the practice did not have a safeguarding policy and staff had not received safeguarding training. The practice manager told us they did not believe safeguarding applied to the demographics of the practice, which was mainly young professionals. The practice manager said they would arrange for safeguarding training to take place.

There was no Control of Substances Hazardous to Health 2002 (COSHH) Regulations file detailing the hazardous substances used at the practice and steps put in place to mitigate any risks associated with using these substances.

The dentist did not use a rubber dam for root canal treatments in line with national guidance. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.] We were advised that cotton wool was used instead.

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training which included cardiopulmonary resuscitation (CPR) training. The practice had a medical emergency kit which included emergency medicines and equipment in line with Resuscitation Council UK and British National Formulary (BNF) guidance. The kit contained most of the recommended medicines, apart from one-midazolam; staff said they would take immediate action to purchase some for the kit. We found that all the medicines were within their expiry date. The emergency equipment included medical oxygen. However we found the staff did not have access to an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. There had been no risk assessment completed to assess the risks of not having this equipment. [An AED is a portable electronic device that analyses the heart's rhythm and if necessary, delivers an electric shock, known as defibrillation, which helps the heart re-establish an effective rhythm].

Staff recruitment

The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks. They must obtain a full employment history, check the authenticity of qualifications, obtaining references, including one from the most recent employer, and complete an up to date Disclosure and Barring Service (DBS) checks. We saw evidence that the practice had carried out most of the necessary checks for staff they employed including obtaining proof of identification and proof of registration with relevant professional bodies in their records. However the practice manager told us that only verbal references had been taken for the dentist, and a record of this had not been made. We also found that there was only a Portuguese criminal records check on file for the dentist. The practice manager told us that a DBS check had been applied in the week prior to our inspection.

Monitoring health & safety and responding to risks

The practice told us they had fire evacuation plans and carried out fire drills. However we found that they had not undertaken risk assessments to assess risk of fire, Legionella [a bacterium found in the environment which can contaminate water systems in buildings], health and safety or radiation. The practice manager said the fire risk assessment was the responsibility of the building owners

Are services safe?

where the practice was based. They said they would contact them and send a copy to us. Following the inspection we received copies of fire evacuation plans but no fire risk assessments.

The practice had a business continuity plan to deal with emergencies that could disrupt the safe and smooth running of the service. The plan covered what to do in the event of issues such as loss of electricity and equipment breakdown.

Infection control

There was a written procedure that the nurse was required to follow which included the decontamination of dental instruments and use of protective equipment. The practice manager told us that the nurse was the infection control lead. However, we found no evidence of infection control training in staff records. We also found no evidence of an infection control policy. The practice manager told us they had one but they were unable to find it on the day of the inspection.

There was a flow from dirty to clean areas to minimise the risks of cross contamination. Staff gave a demonstration of the decontamination process which was mainly in line with guidance on decontamination and infection control issued by the Department of Health namely, Health Technical Memorandum 01-05: Decontamination in primary care dental practices. HTM 01-05 published guidance. This included a clear system of zoning, cleaning instruments suitably and; placing in the autoclave and ultrasonic cleaner; pouching and then date stamping.

However, we saw no evidence that daily, weekly and monthly checks were being carried out on equipment used in the practice in line with current guidance. The practice manager said they did carry out tests but did not keep records of them.

We saw evidence that staff had been vaccinated against Hepatitis B (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections). There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored in a safe and secure location away from the public.

There were stocks of PPE (personal protective equipment) such as gloves and aprons.

There was a supply of cleaning equipment which was stored appropriately. The practice had a daily cleaning checklist which gave instructions for how the surgery would be cleaned.

Equipment and medicines

We saw that Portable appliance testing (PAT) had been completed in accordance with current guidance. (PAT is the name of a process where electrical appliances are routinely checked for safety). However, there were no records of maintenance of X-ray equipment and equipment used to clean and sterilise the instruments.

The only medicines stored at the practice were those found in the medical emergency box.

Radiography (X-rays)

The practice did not have a radiation protection file and there were no details of who the Radiation Protection Supervisor (RPS) or the Radiation Protection Adviser (RPA) were.. The practice manager told us that the X-ray machines had been serviced the week before the inspection. They said there was no records of these service because they had not yet been sent by the engineer. After the inspection we were sent evidence that the machines had been recently serviced. The practice manager said they were unable to find evidence of the previous servicing history and critical exams but said these had taken place. The practice manager told us that a radiation file would be put in place at the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We saw some evidence that the dentist carried out an assessment to establish individual needs in records we reviewed. This Included explanation of the presenting complaint and purpose of the appointment, assessment of soft tissue, mouth condition and a clinical assessment and information about the costs of treatment and a treatment plan. However we found no evidence that the practice kept up to date with all current guidelines and research in order to continually develop and improve their system of clinical risk management. For example there was no evidence of compliance with NICE guidance in regards to wisdom teeth removal or dental recall intervals.

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Health promotion & prevention

Appropriate advice was provided by staff to patients based on their medical histories. For example patients were given smoking cessation advice where this was appropriate. We saw they provided preventive and oral health instructions as well as dietary advice.

Staffing

We saw that the practice maintained records that detailed training undertaken and highlighted training that staff needed to undertake. We also reviewed information about continuing professional development (CPD) and found that staff had undertaken training in topics such as

health and safety, endodontics, aesthetic implants and medical emergencies.

However there was no evidence of training undertaken in all CPD topics that the General Dental Council (GDC) has identified as “highly recommended” for dental professionals to do as part of the minimum verifiable CPD requirement. These incldued for example training in disinfection and decontamination and radiography and radiation protection. The GDC also recommends that dental professional keep upto date in certain other areas including safeguarding children and young people and vulnerable adults. We did not see evidence of this training.

Working with other services

The practice manager told us they worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to a local hospitals. We saw examples of referrals to specialist services.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. Patients were given clear treatment options which were discussed in an easy to understand language by the principal dentist. Patients understood and consented to treatment. However we found staff did not have an understanding of the requirements of the Mental Capacity Act (MCA) 2005 and had not received training in the requirements of the Act. (The MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). The practice manager said that they did not believe that MCA training was relevant to their patient demographic. They said they would make arrangements for staff to receive MCA training.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We reviewed the feedback we received from patients which was positive. Staff were described as kind, helpful and caring. Patients said staff treated them with dignity and respect during consultations.

Involvement in decisions about care and treatment

The practice had a website that included information about dental care and treatments and costs.

We spoke with the practice manager, assistant practice manager, dentist and dental nurse on the day of our visit. There was a culture of promoting patient involvement in treatment planning which meant that all staff ensured patients were given clear explanations about treatment. The dentist told us that treatments, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentist told us there was enough time to treat patients, and that patients could generally book an appointment for a time they wanted.

Tackling inequity and promoting equality

The practice had recognised some of the needs of different groups in the planning of its service. The practice manager told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. We asked how the practice would accommodate patients whose first language was not English. The practice manager told us staff at the practice spoke a number of other languages and were able to speak to some of the patients whose first language was not English. However, staff were not aware of how to access translation services should the need arise.

Access to the service

Access to the service was via the telephone and the practice website. The practice manager told us that patients who required urgent treatment would ring and an appointment would be made for them, or a referral made to an alternative service when appropriate.

Concerns & complaints

There was no information about the complaints procedure on the practice website. There was a generic complaints policy that advised patients to escalate complaints to the Charities Commission. The practice manager told us there had been no complaints in the last twelve months.

Are services well-led?

Our findings

Governance arrangements

The practice did not have good governance arrangements in place. There was a lack of practice specific policies and procedures. For example, the complaints policy did not have the name of the practice and advised patients to escalate complaints to the Charities Commission when the practice was not a charity. There was no assurance that staff working at the practice were aware of the policies and procedures. For example the practice had an infection control policy but staff were not able to describe the details of it and could not find a copy of it on the day of the inspection.

There were also limited arrangements for identifying, recording and managing risks through the use of risk assessments, audits, and monitoring tools. The practice manager told us some audits had taken place but they were unable to locate the records of this on the day of the inspection. Typically infection control audits are completed every six months in order to monitor the effectiveness of infection control protocols with a view to keeping staff and patients safe. There had also not been an X-ray audit or an audit of the dental care records. This meant that systems for identifying potential problems and concerns were not robust.

There was no COSHH Regulations (2002) file available at the time of the inspection, meaning that the actions needed to minimise the risks associated with hazardous substances had not been disseminated effectively amongst staff.

Leadership, openness and transparency

Staff we spoke with said they felt the owner of the practice was open and created an atmosphere where staff felt included. They told us they were comfortable about raising concerns with the practice manager. They felt they were listened to and responded to when they did so.They described the culture encouraged candour, openness and honesty.

Learning and improvement

Staff told us they had access to training and were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC). The practice maintained records that detailed training. However, we found that the staff had not taken suitable training in all the topics “highly recommended” by the GDC. An appraisal system had not been established to suitably identify the training needs of staff.

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

The practice had feedback forms that they had sent out to patients to get their views of the service. The practice manager told us they had sent out forms to patients but had not received any back. Staff told us they had not checked to see why no forms were returned.

This section is primarily information for the provider

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	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The practice did not have, and implement, robust procedures and processes to ensure that people were protected from abuse and improper treatment Not all staff had received safeguarding training that was relevant to their role Staff were not aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment. There was no safeguarding lead in place Regulation 13(1) (2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The practice had not established an accessible system for identifying, receiving, recording, handling and responding to complaints by service users. Regulation 16(2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have effective systems in place to :

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The practice did not always ensure all staff members received appropriate support, training and supervision necessary for them to carry out their duties. Staff did not receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported. Regulation 18(1) (2) (a)

Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity

Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

Ensure that their audit and governance systems remain effective.

Regulation 17 (1) (2) (a) (b) (f)