

## Harley Street Dental Studio

# Harley Street Dental Studio

## Inspection Report

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### Overall summary

We carried out an unannounced comprehensive inspection on 20 April 2016 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 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**

Harley Street Dental Studio provides private dental treatment to patients of all ages.

Practice staffing consists of two principal dentists, ten dentists, five hygienists, seven dental nurses, five treatment coordinators, clinical manager, business manager and practice manager chairman/consulting partner.

Both principal dentists are the registered managers. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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.

The practice is open Monday to Thursday 9.30 am to 7pm; Friday 9.30am to 4pm and Saturday 9.30am to 3pm

The practice facilities include eight treatment rooms, reception area, three waiting rooms, decontamination room, five offices, three treatment coordinator rooms and a staff room.

Four patients provided feedback about the service. Patients we spoke with and those who completed comment cards were positive about the care they received about the service. Patients told us that they were happy with the treatment and advice they had received.

#### **Our key findings were:**

# Summary of findings

- There were systems in place to ensure that all equipment was maintained in line with manufacturer's guidelines.
- Staff had received safeguarding children and adults training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle medical emergencies, and appropriate medicines and life-saving equipment were readily available.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice had a procedure for handling and responding to complaints, which were displayed and available to patients.
- Improvements were suggested in the governance systems to ensure they were effective. Staff members we spoke with did not feel fully supported in their roles and felt that some issues or concerns raised had not been acted upon by the practice management.

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

- Review stocks of dental materials used in clinical practice and the system for identifying, and replenishing out-of-date stock.
- Review the processes and systems in place for seeking and learning from staff feedback with a view to monitoring and improving the quality of the service.

# 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 in place for identifying, investigating and learning from incidents relating to the safety of patients. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

Patients were protected against the risks of abuse or harm through the practice policies and procedures. Staff were trained to recognise and report concerns about patients' safety and welfare and had access to contact details for the local safeguarding team.

There were arrangements in place to deal with medical emergencies and staff had annual training.

Patients' medical histories were obtained before any treatment took place.

There were procedures in place for recruiting new staff and these were being followed. All appropriate checks including employment references, proof of identification and security checks were carried out when new staff were employed. The staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

### **Are services effective?**

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

Patients received a comprehensive assessment of their dental needs including a review of their medical history. Dental care records were detailed and included details of risks of and benefit of treatment.

The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent.

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Health education for patients was provided by the dentists and hygienists and information leaflets were available within the practice. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

### **Are services caring?**

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

Patients were complimentary about the practice and how the staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

Patients felt listened to and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. Staff had a good awareness of how to support patients who may lack capacity to make decisions about their dental care and treatment.

### **Are services responsive to people's needs?**

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

# Summary of findings

Appointment times met the needs of patients and waiting times were kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen where possible on the same day or within 24 hours.

Patients who had difficulty understanding care and treatment options were suitably supported.

The practice had a procedure in place for dealing with complaints.

## **Are services well-led?**

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

The practice had a range of policies and procedures and there was a system in place for policies to be reviewed periodically.

The practice had a comprehensive programme of audits in place. Staff had undertaken relevant training as part of their continuous professional development (CPD). Patients' views were regularly sought by way of a patient survey.

We spoke with all staff available on the day of inspection. This included dentists, dental nurses, treatment coordinators, practice manager, clinical manager and reception staff.

Improvements were required to provide clear leadership in the practice. Staff members we spoke with did not feel fully supported in their roles and felt that some issues or concerns raised had not been acted upon.

# Harley Street Dental Studio

## 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.

The inspection took place on the 20 April 2016 and was undertaken by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider. This was an unannounced inspection undertaken in response to concerns brought to our attention.

The methods used to carry out this inspection included speaking with dentists, dental nurses, treatment coordinators, practice manager, clinical manager and reception staff on the day of the inspection, reviewing documents, completed patient feedback forms and observations.

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 systems in place to receive safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England by email and ensure they were shared with staff working in the practice. This included forwarding them to relevant staff and also printing them and leaving them in a central location for all staffs' reference.

The practice had an incidents and accident reporting procedure. All incidents and accidents would be reported in the incident log and accident books. There had been three accidents in the past 12 months. All staff we spoke with were aware of reporting procedures including who and how to report an incident or accident to.

The clinical manager and staff demonstrated a good understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) and had the appropriate documents in place to record if they had an incident. There had been no RIDDOR incidents within the past 12 months.

### Reliable safety systems and processes (including safeguarding)

One of the principal dentists was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and child protection. Staff including non-clinical staff had completed child protection and adult safeguarding training. Details of the local authority safeguarding teams were readily available, as were the relevant safeguarding escalation flowcharts and diagrams for recording incidents. This information was also displayed on the staffroom notice board and the reception area. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

The system for managing medical histories was comprehensive and robust. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were updated at each subsequent visit. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

We noted that rubber dams were being routinely used in root canal treatment in line with current 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 and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

### Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. These were stored securely and those requiring refrigeration were also stored appropriately. Staff also had access to emergency equipment on the premises including medical oxygen. The practice had an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. We saw records of the monthly checks that were carried out to ensure the medicines were not past their expiry dates and there were daily and weekly checks to ensure equipment was in working order.

Staff had completed recent basic life support training which was updated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and medical oxygen.

### Staff recruitment

The team consisted of two principal dentists, ten dentists, five hygienists, seven dental nurses, five treatment coordinators, clinical manager, business manager, chairman/consulting partner and practice manager.

The chairman/consulting partner told us that the current staffing numbers were sufficient to meet the needs of their patients.

The provider had an appropriate policy in place for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations. All prospective staff

# Are services safe?

completed an application form and were interviewed as part of the recruitment and selection process. All staff had a Disclosure and Barring Services (DBS) check completed (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable) and where relevant had to provide proof of immunisation 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). We reviewed staff recruitment records and found that all appropriate checks and documents were present. We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

## **Monitoring health & safety and responding to risks**

The practice had a health and safety policy and appropriate plans in place to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice. There was a business continuity plan that outlined the intended purpose to help the practice overcome unexpected incidents and the responsibilities and duties. The plan outlined potential problems such as loss of computer system, loss of telephone and loss of electricity. Procedures were in place to enable them to respond to each situation. Where relevant contact telephone numbers of organisations to contact were listed in the policy.

The practice carried out risk assessments to ensure they were prepared to respond to safety issues. This included a fire risk assessment which had been completed in May 2012.

## **Infection control**

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. The dental nurse was the infection control lead.

There was a separate decontamination area. The dental nurse gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). The process for decontaminating used dental instruments included placing

instruments in the washer disinfectant, rinsing, inspecting instruments under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); then pouching, placing in the autoclave and then date stamping, so expiry date was clear. We noted that not all pouching instruments were date stamped, Staff wore the correct personal protective equipment, such as apron and gloves during the process.

We saw records of all the checks and tests that were carried out on the autoclaves to ensure it was working effectively.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. Clinical waste bins were assembled and labelled correctly in each surgery and waste was stored appropriately until collection by an external company.

The treatment rooms were visibly clean and tidy. There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice.

We were told the dental nurses were responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. External cleaning staff had been appointed for the domestic cleaning at the practice. Cleaning schedules were in place and we saw the logs to confirm they were being completed. There were appropriate colour coded cleaning equipment and it was stored correctly at the time of our inspection.

An up to date Legionella risk assessment had been carried out in April 2013 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Hot and cold water temperature monitoring was being undertaken and documented and water lines were being cleaned in line with current guidance. Water temperature checks were completed on water lines in the surgeries, toilets and decontamination room. Purified water was used in dental lines. Taps were flushed daily in line with recommendations.

## **Equipment and medicines**

There were appropriate arrangements in place to ensure equipment was suitably maintained. Service contracts

# Are services safe?

were in place for the maintenance of the autoclave and compressor. The autoclave was serviced in July 2015 and the compressor in September 2015. The practice had portable appliances and had carried out PAT (portable appliance testing). Appliances were last tested in December 2015.

The practice did not have an effective system in place regarding the management and stock control of the dental materials used in clinical practice, as we found a lot of material out of date. The registered manager assured us this would be addressed immediately.

The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics, where used were recorded in patients' dental care records.

## **Radiography (X-rays)**

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. Local rules were in place and had been signed and dated by all members of staff. In-house training regarding local rules had been given to all staff. One of the dentists was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA). We also saw evidence of staff qualifications for radiation training. An inventory of all equipment being used was present and maintenance records were up to date, with equipment last being serviced in February 2015.

The critical examination test, risk assessment and quality assurance documentation were present. X-ray audits were being conducted on an annual basis.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the course of our inspection we checked a sample of dental care records to confirm the findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), a social history recording habits such as eating and activity and an extra - and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed.

### Health promotion & prevention

The dentists we spoke with said they provided patients with advice to improve and maintain good oral health, including advice and support relating to diet, alcohol and tobacco consumption. Patients told us that they were well informed about the beneficial use of fluoride paste and the ill-effects of smoking on oral health.

The dentists we spoke with were aware of and were using the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dental team provided advice to patients about the prevention of decay and gum disease including advice on tooth brushing technique and oral hygiene products. Information leaflets on oral health were available. There were a variety of different information leaflets available in the reception areas.

### Staffing

All clinical staff had current registration with their professional body - the General Dental Council, and were all up to date with their continuing professional development requirements, and working through their five

year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years]. We saw evidence of the range of training opportunities available to staff to ensure they remained effective in their roles. The clinical manager monitored staff training.

### Working with other services

The practice had processes in place for effective working with other services. All referrals were received and sent by post using a standard proforma or letter. Information relating to the patient's personal details, reason for referral and medical history was contained in the referral. Copies of all referrals received and sent were kept in the patient's dental care records. We checked a sample of referrals received by the practice and saw they were appropriately dealt with in the correct way.

### Consent to care and treatment

The practice had a consent policy for staff to refer to. The policy outlined how consent could be obtained and how it should be documented. The practice also had a folder with information relating to mental capacity outlining how to assess if a person lacked capacity and what to do in such circumstances.

All clinical staff whom we spoke with demonstrated understanding of Gillick competence and the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. Staff gave us examples of when the MCA could be used and how the role related to them in their role. [The Mental Capacity Act 2005 (MCA) 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 them].

Dental care records we checked demonstrated that consent was obtained and recorded appropriately. Patients who provided feedback confirmed that their consent was obtained for treatment.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We received feedback from four patients. Feedback was very positive. Patients told us that staff treated them with dignity, respect and empathy. We were given examples of how staff displayed these qualities including being attentive to their needs and ensuring privacy was maintained during treatment.

We observed staff interacting with patients before and after their treatment and speaking with patients on the telephone. They were polite and friendly and this was also reflected in comments made by patients.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of and the

secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Dental care records were held securely.

### **Involvement in decisions about care and treatment**

The patient feedback we received confirmed that patients felt involved in their treatment planning. Patients commented that the clinical issues were explained well and they were provided with treatment options. Information relating to costs was always given and explained. Treatment options were discussed, with the benefits and risks pointed out. Patients also told us that they were given time to think about their options including being given a copy of their treatment plan.

The dentist explained how they involved patients in decisions about their care and treatment. Discussions with patients and efforts to involve them were clearly documented in dental care records.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. Emergency and non-routine appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had a dental emergency they were asked to come in and would be seen as soon as possible.

The practice provided patients with information leaflets about the services they offered. The services provided included preventative advice and treatment and restorative dental care and Implants. We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us the majority of patients who requested an urgent appointment would be seen on the day.

### Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious. Staff we spoke with explained to us how they supported patients with additional needs such as young children. They ensured patients were supported by a parent and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient and parent understood.

The principal dentist told us that the local population was diverse with a mix of patients from various cultures and background. Staff at the practice had access to language line. A hearing loop was also available.

### Access to the service

Appointments were booked by calling the practice. In the event of a patient needing an appointment outside of the opening times, patients were directed to an out of hour's service (via recorded message on the practice answer machine).

Patients who provided feedback were aware of how to access appointments both during opening hours and outside of opening hours. They were satisfied with the way information was made available to them.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received seven complaints within the last four months and these had been dealt with appropriately in line with the practice protocol.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had a range of policies and procedures for the smooth running of the service. There was a system in place for policies to be reviewed periodically. Staff we spoke with confirmed that they knew how to access policies and found them useful to enable them to work effectively.

The practice had a comprehensive programme of audits in place. Various audits that had been completed over the past 12 months including audits on record card and infection control. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. Findings were summarised with actions identified.

### **Leadership, openness and transparency**

We discussed the duty of candour requirement in place on providers and the clinical manager demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients. The explanations were in line with the expectations under the duty of candour. [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].

Improvements were required to provide clear leadership in the practice in the interim, whilst one of the partners who manages the business is away. Staff we spoke with told us

that they didn't feel fully supported or empowered to make suggestions for the improvement of the practice or if they had to make them aware of any mistake they had made or to discuss any issues. However: we have spoken with one of the registered managers since the inspection and changes have been made in his absence until he returns.

### **Learning and improvement**

The practice had processes in place to ensure staff received their mandatory training. Appraisals were carried out yearly for all staff. This process included setting objectives and highlighting areas for development. We reviewed staff appraisals and saw they supported learning outcomes.

Training such as on basic life support was arranged centrally for all staff. Other training opportunities were available on-line for staff and this was usually identified through the appraisal process but staff could request if they desired any additional training.

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

The practice carried out patient satisfaction surveys on an on-going basis. Results were analysed to identify themes and trends. We reviewed the results of recently completed forms and they were very positive and also outlined areas of improvements for the practice to consider. We saw that the practice had put processes in place to act on patient feedback and make improvements.

Staff we spoke with confirmed their views were not sought about practice developments or staffing issues. However: we have spoken with one of the registered managers since the inspection and changes have been made in his absence until he returns.