Marble Arch Dental Centre Ltd

Marble Arch Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of the GP service at this location on 27 October and 14 November 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We have not inspected the GP service before.

Marble Arch Dental Centre provides NHS and private dental treatment to patients of all ages. It also provides an appointment based private GP service and an opticians.

The practice staffing consists of three principal dentists, 11 associate dentists, six qualified dental nurses, six trainee dental nurses, two hygienists and eight receptionist/administration staff. Two doctors provide the GP service.

One of the principal dentists is the registered manager. 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, including the GP service.

The GP service is provided from one consultation room. There is a main reception for both the dental and GP services, and a waiting area. The GP service is provided predominantly on Saturdays, and only by appointment.

Summary of findings

During this visit we were unable to obtain the views of patients as none were available.

Our key findings were:

- The GPs were suitably qualified to meet the needs of patients.
- The consultation room used for the GP service was visibly clean and tidy.
- The service was accessible to patients who required non-emergency treatment and who were willing to pay private consultation fees.
- The registered provider had not ensured that all the specified information relating to persons employed at the service was obtained and appropriately recorded.
- The service had emergency equipment however it was not being regularly checked to ensure it functioned correctly. Emergency medicines were in place but not all were appropriately stored.
- Refrigerator temperatures were not being checked daily or recorded. We noted on our second visit that records of checks were now being kept and a second thermometer had been purchased.
- Patient records were incomplete in many cases, lacking adequate contact information.
- Staff employed in the dental and optician service would act as chaperones when required but not all had undergone a disclosure and barring service check. Both GPs told us that they had not, to date, seen a patient who had requested a chaperone.
- Governance systems were not effective. There were no systems to assess, monitor and improve the quality of the GP service or to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

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

- Ensure equipment is regularly checked and calibrated where necessary.
- Ensure emergency medicines are appropriately stored.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Ensure they maintain accurate, complete and contemporaneous records in respect of each service user.
- Ensure systems are in place to assess, monitor and improve the quality of the service.
- Ensure all staff who chaperone have undergone a disclosure and barring service check.

You can see full details of the regulations not being met at the end of this report.

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

- Review and update the practice’s safeguarding policy.
- Review the list of emergency medicines and amend stocked medicines where appropriate.
- Remove the unused medicines kept in the GP consultation room.

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?

Requirements notice 

We found that this service 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 there had not been any significant events within the GP service, but that staff were aware what to do should one occur. The GPs had undergone safeguarding training however the safeguarding policy and procedure was out of date. Dental nurses or optician staff would chaperone medical patients if required but they had not all undergone a Disclosure and Barring Service (DBS) check. Following the inspection the provider informed us they had updated the safeguarding policy and put a chaperone policy, specific to the GP service, into place. They also informed us that all staff who chaperoned had had a DBS check carried out.

The location had medical emergency equipment including a defibrillator but this was not being regularly checked to ensure it was in working order. Not all emergency medicines were being appropriately stored. Following the inspection the provider told us they had commenced monthly checks of the defibrillator.

We saw the recruitment file for the main GP contained most of the information required. However there were no recruitment details for the second GP. Following the inspection the provider informed us that all necessary recruitment documentation had been sought.

We found the GP consultation room to be visibly clean and tidy. The provider had not carried out any risk assessments or infection control audits specific to the GP service. There was a contract in place for the collection and disposal of clinical waste, including sharps bins.

Are services effective?

No action

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

We found that both GPs were suitably trained and qualified for the service they provided. We reviewed all patient notes and found that the GPs had appropriately added their own hand written comments. We found however, that patient information, particularly their contact details, was poorly recorded on the provider's patient note template. We noted that the secondary GP

We noted that because of the nature of the service, not least because appointments were usually at weekends, there was no direct interaction with other health care professionals and the GPs worked in an isolated fashion. However the GPs told us they would liaise with a patient's own GP if they had one and had given permission for them to do so.

Summary of findings

The GPs demonstrated a reasonable awareness of the Mental Capacity Act 2005. They told us they always obtained verbal consent for procedures. The main GP stated they felt written consent was unnecessary as no invasive procedures were carried out.

Are services caring?

No action

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

We were unable to talk to patients or observe how they were treated, however we did observe patients arriving for dentist appointments and noted reception staff were respectful, kind and helpful. These same staff would liaise with patients who wished to book a consultation with one of the GPs.

Are services responsive to people's needs?

No action

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

Appointment times met the needs of patients. We were informed that most patients chose to see the main GP because of her gender and ability to speak Arabic.

Staff stated that they could access language line if translation services were needed.

The practice had a procedure in place for dealing with complaints. Staff told us that there

had been no complaints made in relation to the GP service.

Are services well-led?

Requirements notice

We found that this service 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 at the end of this report).

The GPs commented that they felt supported by the registered manager. There were no systems of learning and improvement in place however the GPs had undergone training relevant to their role via alternative means. Following the inspection the provider informed us that the GPs had been made aware that their continuing professional development was their responsibility.

The provider did not have effective governance arrangements with regard to the GP service. Policies and procedures specific to the GP service were in place but there were no arrangements for identifying, recording and managing risks specific to the GP service; or for monitoring and improving the quality of that service through the use of monitoring tools and audits. The registered manager considered quality assurance was the responsibility of the GP, whilst the GPs understood that it was the provider's responsibility.

The secondary GP thought there were systems to obtain feedback from patients, however the provider could not evidence this.

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Detailed findings

Background to this inspection

This announced inspection was carried out on 27 October 2016 by two inspectors from the Care Quality Commission (CQC) and a GP specialist advisor. A second announced visit was made on 14 November 2016 by the lead inspector and a GP specialist advisor.

During the inspections we viewed the premises, spoke with the GPs, one dental nurse, and three receptionists. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service, and inspected the premises.

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 GPs told us that they saw very few patients each year, and that there had not been any significant events during the period they had worked at the location. They were aware of the need to log any such events and the process to follow should one occur.

Reliable safety systems and processes (including safeguarding)

The main GP had undergone adult safeguarding training in 2013 and told us that they had undergone level 3 child protection training. There was no certificate available to confirm this. The provider told us the secondary GP had had appropriate safeguarding training but again there were no certificates on file. There was a safeguarding policy and procedure however this was out of date and did not contain any contact details for external safeguarding agencies.

The GP service did not have a chaperone policy. The registered manager stated that if a chaperone was required one of the dental nurses would undertake this, whilst the main GP said that if necessary one of the reception staff would assist. The secondary GP stated that one of the receptionists or, if a male chaperone was required, one of the optician staff, would assist. The GPs added that to date, they had not seen a patient who had requested a chaperone. We were told that all staff had undergone a Disclosure and Barring Service (DBS) check (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) however our recent inspection of the dental service indicated that this was not the case.

Following the inspection the provider informed us they had updated the safeguarding policy and put a chaperone policy, specific to the GP service, into place. They also informed us that all staff who chaperoned had had a DBS check carried out.

Medical emergencies

Equipment for medical emergencies for the entire location (dentist and GP) was kept in the GP consultation room. This consisted of a defibrillator and emergency medicines. Staff told us the defibrillator had been purchased and installed two months previously, but that it had not been checked to ensure it was functioning since. Following the inspection the provider told us they had commenced monthly checks of the defibrillator.

We checked the medicines and found they were in date. We noted that, unusually, Midazolam (a medicine used for intravenous sedation) was included as an emergency medicine. Both GPs stated they was unaware of this, and it would be kept for emergency use by the dentists. We also found that although the emergency medicine list included Atropine (used for bradycardia (abnormally slow heartrate)), there was none available. The registered manager told us that they no longer included this in their emergency medicine policy and so had removed it.

Some emergency medicines were appropriately stored in a refrigerator; however we found that the temperature had been set to between eight and 20 degrees, thus potentially rendering the medicines ineffective because they would be too warm. The provider agreed to immediately replace the medicines and reset the temperature to the appropriate two – eight degrees.

There were no records to evidence staff had ever checked or recorded the refrigerator temperature. Responsibility for checking the emergency equipment lay, the GPs said, with the registered provider however there were no records to support this. The main GP told us their basic life support training was up to date, and we saw a certificate confirming this. The secondary GP told us they had undergone relevant training at the NHS GP practice where they regularly worked.

Staffing

The GP service was provided primarily by one GP, but with a small number of appointments covered by a second GP. We reviewed the recruitment file for the main GP. It included proof of identity; copies of certificates of qualifications and training; a copy of the GPs CV; details of their medical indemnity insurance; a copy of a Disclosure and Barring service check (from 2005, from a previous employer) and evidence of their immunisation status. The registered manager told us that verbal references had been taken up however there were no written notes associated with these calls.

There was no recruitment file for the second GP. We were provided with a copy of their medical indemnity insurance and contact details but were unable to evidence that all of

Are services safe?

the appropriate checks and documentation had been requested. Following the inspection the provider informed us that all necessary recruitment documentation had been sought.

Monitoring health & safety and responding to risks

We were shown a copy of a health and safety policy relating to the GP service. The GPs informed us that responsibility for health and safety lay with the registered provider, therefore they had not carried out any risk assessments or health and safety checks themselves. We asked for, but were not provided with, any risk assessments relating to the GP service.

We saw that both GPs had appropriate professional indemnity arrangements in place.

Infection control

We found the GP consultation room to be visibly clean. We were shown a copy of an infection control policy relating to the GP service. Staff informed us that the GPs consultation room was cleaned at the same time the rest of the premises were cleaned. Staff added that in between patients the GP would wipe down any equipment with disinfectant wipes. At the end of the day, reception staff may also wipe down equipment. The examination couch had disposable paper sheets.

We saw that disposal of clinical waste from the GP service was included within the waste disposal contract for the entire service. This included disposal of sharps bins. No infection control audit specific to the GP service had been carried out.

Premises and equipment

The GP consultation room contained a minimal amount of equipment, primarily consisting of an examination couch and disposable examination instruments. We also saw that there were blood chemistry bottles and both a mercury and an electronic sphygmomanometer although there was no evidence that there were regularly calibrated.

The main GP told us they brought their own GP visiting bag with them and this included a stethoscope and sphygmomanometer. We saw that there were some non-disposable examination instruments however both GPs stated that these were only for display and were never used. This contradicted what some staff had told us, as they mentioned that occasionally the dental sterilising equipment was used to re-sterilise GP equipment.

Safe and effective use of medicines

Both GPs stated that no medicines were dispensed by them from the premises. Private prescriptions were provided, where necessary, at the time of consultation and written on a computerised template. We found sachets of Calpol (a pain relieving medicine designed for children) and a tube of prescription only antibacterial ointment in the GP consultation room, however the main GP stated that they did not know why they there and that they had never used them.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

We reviewed all of the available patient records. We found that a general information form was completed by each new patient. Patients were asked for personal information, including address and contact details, and their medical history. We found that these forms were often poorly filled out, with incomplete contact details which would have made it very difficult for staff to contact the patient post appointment.

We saw that the both GPs had added appropriate, hand written notes of their consultation to the aforementioned form.

We were told, and evidenced this through the records, that most patients were from overseas, and requested a gynaecological consultation.

Staff training and experience

We confirmed through reviewing certificates and in speaking with the GPs that they had undergone training appropriate to their role. Whilst themain GP had the knowledge and training to carry out family planning consultations and minor surgery, she stated that neither of these was available through this service.

Working with other services

The main GP commented that because of the nature of the service, not least because appointments were usually at weekends, there was no direct interaction with other health care professionals and they worked in an isolated fashion. They added that they would liaise with a patient's own GP if they had one and had given permission for them to do so.

Consent to care and treatment

Staff told us that the service did not have any specific consent forms for patients to complete. The main GP stated that as they did not carry out invasive procedures, verbal consent was all that they obtained. The GPs demonstrated a reasonable awareness of the Mental Capacity Act 2005 and the measures they needed to take to ensure the patient had capacity to consent.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We were unable to talk to patients or observe how they were treated, however we did observe patients arriving for dentist appointments and noted reception staff were respectful, kind and helpful. These same staff would liaise with patients who wished to book a consultation with one of the GPs.

Involvement in decisions about care and treatment

Reception staff were clear about the information they would give to patients prior to an appointment being made, and ensured that patients were fully aware of the cost of the consultation prior to it going ahead.

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. The GP(s) were only called if a patient requested to see them, and a mutually convenient appointment could be arranged. We were told it was very rare for a patient to be seen more than once; and equally rare for blood tests to be undertaken. In the event the latter were requested/necessary, a courier services was engaged to transport samples to a local laboratory. Results were usually emailed back to the provider and communicated to the patient within one to two hours. Staff were unaware whether or not the test results were retained.

Tackling inequity and promoting equality

Staff told us they treated everybody equally and welcomed patients from many different backgrounds and cultures. We were informed that most patients chose to see the main GP because of her gender and ability to speak Arabic.

Staff stated that they could access language line if translation services were needed.

Access to the service

Access to the service was via appointment only. Patients could telephone or call in person and once the receptionists had established the nature of the illness they would contact the GP to confirm they were happy to see the patient and to arrange a suitable time. If the GP felt the medical concerns were not ones they could appropriately deal with, or if they felt the concerns were more serious, we were told the patient would be referred to the nearest emergency department or other more appropriate services.

Patients were informed of the cost of the consultation prior to attending. There was a leaflet for the entire location however this was out of date, and advertised medical services that were not available. There was no printed price list, and staff seemed unsure of exact costs. The main GP told us they saw approximately seven to eight patients a year and we noted that the appointment book, receipts of payment and patient records all correlated. The secondary GP had seen approximately 3 patients during the past year.We could not find a record of these appointments in the appointment book, or receipts of payment.

Concerns & complaints

Staff told us that they had not received any complaints relating to the GP service since it commenced.

There was a complaint policy and procedure available.

Are services well-led?

Our findings

Governance arrangements

The provider did not have effective governance arrangements with regard to the GP service. Policies and procedures specific to the GP service were in place but staff had minimal knowledge of them. There were no specific arrangements for identifying, recording and managing risks specific to the GP service; and monitoring and improving the quality of that service through the use of monitoring tools and audits, albeit the low number of patients per annum would make auditing difficult. The GPs commented that they were not involved in any of the governance of the GP service, and that all aspects of this were dealt with by the provider. The registered manager, however, stated that it was the responsibility of the GP to ensure that the service being delivered was of a satisfactory quality.

Leadership, openness and transparency

The GPs commented that they felt well supported by the registered manager. The main GP stated they were reassured by the reputation of the provider as a whole.

Learning and improvement

The practice did not have a formalised system of learning and improvement which encompassed the GP service. There was no system in place to carry out staff appraisals, and staff meetings were not taking place. Both GP had undergone relevant training and updates, but this had been through their own initiative and not via this provider. Following the inspection the provider informed us that the GPs had been made aware that their continuing professional development was their responsibility.

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

We were unable to speak directly with patients of the GP service. The main GP told us that they had not received any patient feedback, and there was no system in place to seek feedback specifically from these patients. The secondary GP felt there was a feedback system in place but we were unable to find evidence to support this.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met**: The registered person had not ensured • the proper and safe management of medicines. • that equipment used by the service provider for providing care or treatment was safe for such use. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 registered person was not protecting patients from abuse and improper treatment. This was because not all staff who would be required to act as a chaperone had undergone a disclosure and barring service check. This was in breach of regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 systems to enable them 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The registered person had not ensured they had obtained from all staff the information specified in Schedule 3 of these regulations. This was in breach of regulation 19 (2) (a) (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

	• 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. • maintain accurate, complete and contemporaneous records in respect of each service user. • ensure that their audit and governance systems were effective. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.