

Harley Street Dental Centre Limited

Harley Street Dental Centre

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 4 May 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 questions:

- 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 systems to manage risks for patients, staff, equipment, and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- 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.
- Improvements were required to the practice information governance arrangements.
- The practice had infection control procedures which reflected published guidance. Improvements were required with regards to the decontamination of dental instruments.
- Staff knew how to deal with medical emergencies. Appropriate medicines were available. Improvements were however required with regards to the availability of life-saving equipment.
- Clinical staff provided patients' care and treatment in line with current guidelines. Improvements were required to ensure discussions were suitably documented in dental care records.

Background

Harley Street Dental Centre is in the London borough of Westminster and provides private dental care and treatment for adults and children.

There are a couple of low steps to access the practice, however people who use wheelchairs and those with pushchairs can access the building. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes a dentist and a dental nurse. The practice consists of one room, and the decontamination of instruments is carried out in the surgery. There is a waiting room that is shared with other services in the building.

During the inspection we spoke with the dentist and the dental nurse. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open: Monday to Friday from 9 am to 5 pm by appointment.

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

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Take action to ensure the practice stores dental care records securely.

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	✗
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 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 will be following up on our concerns to ensure they have been put right by the provider.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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.

The practice had infection control procedures which reflected published guidance. Improvements were required with regards to the decontamination of dental instruments. Decontamination of dental instruments was carried out in the surgery. There was no clear zoning of the decontamination area, including no “dirty” to “clean” flow. There was only a hand washing sink in the room. Staff had recently started using two bowls for washing and rinsing instruments. There were no systems in place for the required weekly and monthly checks of sterilisation equipment. The practice did have records of 3 daily tests that had been completed the week prior to the inspection. They confirmed they had only just started carrying out these tests.

The practice had not taken action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

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. The practice did not use locum or agency staff.

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

The practice ensured that all equipment, except for the compressor, was safe to use, maintained and serviced according to manufacturers' instructions. The principal dentist could not provide evidence of when the compressor was last serviced. They estimated that it was over 10 years ago. The provider made immediate arrangements for it to be serviced, and confirmed a servicing appointment was booked for the week after the inspection.

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 by the provider and their landlord. Actions had been identified on both risk assessments which the practice had completed. The provider was monitoring the progress of the work required by their landlord.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

Are services safe?

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

Emergency medicines were available and checked in accordance with national guidance. Improvements were required to ensure emergency equipment was available. Items were missing from medical emergencies equipment. This included the spacer device for inhaled bronchodilators, child and adult self-inflating bags with reservoir, size 0-4 clear face masks for self-inflating bags, oropharyngeal airways sizes 0-4.

Staff knew how to respond to a medical emergency. Staff were not completing face to face training routinely on an annual basis, although the nurse had completed recent face to face emergency resuscitation and basic life support training in the days before our inspection. The dentist had completed recent on-line training.

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

Information to deliver safe care and treatment

Improvements were required to patient care records. Records were legible; however, they were incomplete. We noted that risk ratings for caries, tooth wear and periodontal assessments were not routinely recorded, and X-rays were not justified, graded or reported on. We also found that basic periodontal examination scores were not recorded, periodontal charting was not completed, and the treatment options offered to patients were not routinely recorded.

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 systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not being carried out. We discussed this with the provider, and they told us they would review this.

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.

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 told us they obtained patients' consent to care and treatment. Improvements were required with regards to documenting consent and having policies and procedures for obtaining consent to care and treatment that reflect current legislation and guidance. We reviewed patient care records and did not see any evidence of discussions the staff had with patients in the process of gaining consent, consent forms or patients' consent documented in their care records. This was not in line with the General Dental Council's Standards for the Dental Team (Principle 3.1.2), which states that 'You should document the discussions you have with patients in the process of gaining consent.' We discussed this with the dentist, and they told us that they took consent verbally but did not make a record of the verbal consent.. Neither were we assured that information about the proposed care and treatment, including information about the risks, complications and any alternatives was provided in a way that patients could understand.

We also found that patients were not provided with a written treatment plan they could refer to about details of the proposed treatment and the realistic indication of cost. This was not in line with the General Dental Council's Standards for the Dental Team (Principle 2.3.6), which states that 'You must give patients a written treatment plan, or plans, before their treatment starts and you should retain a copy in their notes. You should also ask patients to sign the treatment plan.'

Staff understood their responsibilities under the Mental Capacity Act 2005.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

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.

The dentist was not routinely justifying, grading, and reporting on the radiographs they took. The practice was not carrying out radiography audits six-monthly following current guidance.

Effective staffing

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

The practice had not recruited any staff in many years. However, they had procedures in place for newly appointed staff to have a structured induction. Both clinical staff had completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

The dentist 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.

Patients feedback we reviewed confirmed that 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 off site to secure storage.

Involving people in decisions about care and treatment

Staff told us they helped patients to be involved in decisions about their care. However, written information to help them make informed choices about their treatment was not available. The practice did not have a website or information leaflet for patients. The dentist said that they spoke with patients individually and had verbal conversations with them relating to treatments, costs, and options. This was backed up, if necessary, with messages via WhatsApp or emails.

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. This information was not routinely saved to patient records.

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.

The provider's landlord had carried out a disability access audit on the whole building, including the areas that the provider was using. They had formulated an action plan to continually improve access for patients.

Timely access to services

The practice did not have any written or printed information about the practice. Improvements were required to ensure information about the service was available to patients and the public. The provider told us all patients were referred via other patients or family and friends. Once people made contact, they would have a telephone call, where information about the service was given, and costs discussed.

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 provided patients with the principal dentist's telephone number 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 another dental practice close by 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 did not have information available to patients explaining how to make a complaint. There was no complaints policy or system for logging complaints. Information on how to complain was not available or accessible to patients. There was no process signposting people on how to complain internally or externally.

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 Notices 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 provider demonstrated a transparent and open culture.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

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

Staff discussed their training needs during 1 to 1 meeting. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities, roles, and systems of accountability.

Improvements were required to the practice governance system. There were policies, protocols and procedures that were accessible to all members; however most policies were generic templates and had not been personalised to the location.

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. Improvements were required to ensure electronic dental care records were kept secure. We discussed the current storage methods with the provider, and they assured us they would review it.

Engagement with patients, the public, staff, and external partners

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

Feedback from staff was obtained through 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 did not have robust systems and processes for quality assurance and continuous improvement. They only had one cycle of infection control and radiograph audits which had been completed the week before the inspection. The radiograph audit did not have the resulting action plans and improvements documented.

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 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Items were missing from medical emergencies equipment. This included the spacer device for inhaled bronchodilators, child and adult self-inflating bags with reservoir, size 0-4 clear face masks for self-inflating bags, oropharyngeal airways sizes 0-4.• The compressor had not been serviced in accordance with manufacturers guidance. The last servicing was carried out over 10 years ago.• The practice was not routinely carrying out the required daily, weekly, and monthly tests to the autoclave• The decontamination of dental instruments was not fully in accordance with guidance. For example, there was no clear zoning for dirty to clean and there was only one sink in the decontamination area. <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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>How the Regulation was not being met</p>

Requirement notices

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Infection control and radiography audits were not being carried out every 6 months. The radiography audit that had been completed did not have any analysis.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete, and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Risk ratings for caries, tooth wear and periodontal assessments were not routinely recorded, X-rays were not justified graded or reported on, basic periodontal examination scores were not recorded, periodontal charting was not completed, treatment options were not routinely recorded.
- Patient consent to care and treatment was not obtained and documented appropriately.

There was additional evidence of poor governance. In particular:

- The practice did not have procedures in place for patients to complaint. This included no complaints policy, complaints log or information available to patients on how they could make a complaint.
- The provider had ineffective processes for providing written information to patients. They had no patient information leaflet, no website, and no structured process for providing patient treatment plans.

Regulation 17 (1)