Diamond Dental Limited

Diamond Dental of Harley Street

Inspection Report

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Overall summary

We carried out this announced inspection on 7 May 2019 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 provider 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 adviser.

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 form the framework for the areas we look at during the inspection.

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 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 not providing well-led care in accordance with the relevant regulations.

Background

Diamond Dental of Harley Street is in the City of Westminster in London and provides NHS and private treatment to adults and children.

Car parking spaces, including some for blue badge holders, are available near the practice.

The dental team includes a dentist and a dental nurse. The practice has one treatment room that incorporates a decontamination area.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Diamond Dental of Harley Street is the principal dentist.

On the day of inspection, we collected 17 CQC comment cards filled in by patients. There were no patients to speak with on the day of the inspection.

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

Our key findings were:

- The practice appeared clean and well maintained.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider asked staff and patients for feedback about the services they provided.
- Staff knew how to deal with medical emergencies. Medicines and life-saving equipment were available on the premises.
- Improvements were required to the provider's infection control procedures.
- The practice had not established effective systems to help them manage risk to patients and staff.
- The dentist was not up to date with key training such as safeguarding children and vulnerable adults, infection prevention and control and radiography.
- The provider did not have a staff recruitment procedure in place.
- The provider did not have systems in place to audit their non-clinical and clinical processes.

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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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:

- Review the provider's protocols for referral of patients and ensure all referrals are monitored suitably.
- Review its complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.

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 practice was not providing safe care in accordance with the relevant regulations. 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. We have told the provider to take action (see full details of this action in the Requirement Notices 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 premises and equipment were clean.

Staff we spoke with knew how to recognise the signs of abuse and how to report concerns. However, there were gaps in safeguarding training and the practice did not have documented safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

The provider did not have a staff recruitment procedure in place.

The provider followed national guidance for cleaning and sterilising dental instruments. Although some improvements were required.

The provider had arrangements for dealing with medical and other emergencies.

Electrical installation safety check and portable appliance testing had not been undertaken.

Records showed that fire detection and servicing equipment were regularly tested and serviced.

Are services effective?

No action 

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, gentle and caring.

The dentist discussed treatment with patients, so they could give informed consent and recorded this in their records.

The practice team kept complete patient dental care records which were clearly typed and stored securely.

The practice had arrangements when patients needed to be referred to other dental or health care professionals. However, some improvements were required.

Are services caring?

No action 

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

Summary of findings

We received feedback about the practice from 17 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, outstanding and kind. They said staff treated them with dignity and respect.

Patients commented that staff made them feel at ease when they were anxious about visiting the dentist. Comment cards from patients with children stated that they had been impressed with the level of care and patience demonstrated by the dental team.

Patients described the service as being exceptional, welcoming and fantastic. They said they were given clear and detailed information about their dental care and told us their dental clinician listened to them.

Staff protected patients' privacy and were aware of the importance of confidentiality.

Are services responsive to people's needs?

No action

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if they were experiencing dental pain.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Staff considered patients' different needs. This included providing interpretation services when required. However, the provider had not completed a Disability Access audit.

Are services well-led?

Requirements notice 

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).

Staff felt supported and appreciated. The provider asked for and listened to the views of patients and staff. They prioritised open and inclusive leadership. They demonstrated a good understanding of the Duty of Candour.

The provider did not have suitable systems in place to audit non-clinical and clinical areas of work.

The provider had not suitably assessed, monitored and mitigated risks.

The provider had not established effective systems to help them monitor staff training; there was a lack of evidence of key training for the dentist.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. There was a lack of clarity over the indemnity arrangements for the dental nurse who did not have any indemnity insurance in place.

Are services safe?

Our findings

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. However, the practice did not have documented safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. They had a copy of another organisation's policy in their safeguarding records and showed us this when we asked them for a safeguarding policy. The dentist had not undertaken safeguarding training.

The practice did not have a whistleblowing policy.

The dentist used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider did not have a staff recruitment procedure or a documented policy in place. The provider employed one member of staff that had worked with him for a number of years. They had not undertaken criminal records checks for this member of staff.

There wasno evidence of electrical installation safety check or portable appliance testing (PAT). The provider was not able to give us any assurances as to whether the check and testing had ever been completed. The practice had validated a recently purchased autoclave in April 2019. There was no evidence of pressure vessel check.

Records showed that fire detection equipment, such as smoke detectors were regularly tested. Firefighting equipment such as fire extinguishers were regularly serviced.

The provider told us that the landlord of the building where the practice was based had completed a fire risk assessment. No evidence was provided to us on the day or after the inspection.

The practice had some arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

This included a risk assessment and local rules. However there were some gaps. For example, the provider had not followed guidance from their radiation protection advisor concerning the distance that they should stand away from the dental chair when taking X-rays. We spoke with the provider about this and they told us they would review the guidance.

The dentist had not undertaken updated radiography training and no audits of radiography had been tcompleted as per national guidance and legislation.

Risks to patients

We looked at the practice's arrangements for safe dental care and treatment.

The practice had some health and safety policies and procedures in place including a Control of Substances Hazardous to Health (COSHH) policy. However, the provider did not have risk assessments to minimise the risk that can be caused from substances that are hazardous to health. The provider also did not have data sheets in the COSHH file of such substances used in the practice.

The practice had employer's liability insurance.

Both staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support (BLS) every year.

The dental nurse worked with the dentist when they treated patients, in line with GDC's Standards for the Dental Team.

The practice had an infection prevention and control policy and procedures. They referred to guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care.

The practice had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM 01-05. However, some improvements were required. For example the practice used an ultrasonic cleaner. They told us that they only used it for specific procedures but were unable to explain how they decided when it was appropriate to use it.

The dirty and clean zones could be better demarcated. The dentist had not undertaken infection prevention and control training.

Are services safe?

The practice records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that dental work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice did not have procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We spoke to the provider about this and they told us they would commission a risk assessment.

The practice appeared visibly clean when we inspected it.

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

Information to deliver safe care and treatment

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We checked a sample of dental care records. The practice held electronic records. We noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were, kept securely, and complied with General Data Protection Regulation requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had some systems for appropriate and safe handling of medicines.

The dentist was aware of current guidance with regards to prescribing medicines. However, the practice did not have a system in place to track medicines that had been dispensed.

Track record on safety, lessons learned and improvements

The practice had an incident log sheet. However, improvements were required in regards to understanding how this information could be used to lead to safety improvements.

The provider did not have an understanding of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, (RIDDOR)or 'Never Events' and there were no systems for reviewing and investigating issues when things went wrong. There was no system for receiving and acting on safety alerts issued by national organisations.

There had been no recorded incidents in the last twelve months.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentist assessed patients' needs and delivered dental care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health.

The dentist, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice; they could also be referred to a specialist if needed.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions.

Comment cards from patients confirmed that the dentist listened to them and gave them clear information about their treatment.

The practice had a consent policy that included information about mental capacity. Staff had a general understanding of their responsibilities under the Mental Capacity Act when treating adults who may not be able to make informed decisions.

Similarly, they had a general understanding of the circumstances by which a child under the age of 16 years of age may give consent for themselves and were aware of the need to consider this when treating them.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

Effective staffing

The dentist had not completed updated infection prevention and control, safeguarding vulnerable adults and children, and radiography training. The nurse told us they discussed their development needs during informal discussions with the dentist. However, there was no formal clinical supervision or appraisals.

Co-ordinating care and treatment

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

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence in 2005 to help make sure patients were seen quickly by a specialist.

The practice could strengthen arrangements for monitoring all outgoing referrals such as by implementing a referral tracker.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. They were aware of their responsibility to respect people's diversity and human rights. They treated patients with kindness and respect, and were friendly towards patients at the reception desk and over the telephone.

We received feedback from 17 patients. They commented positively that staff were kind and understanding. They said staff treated them with dignity and respect.

Patients commented that staff made them feel at ease when they were anxious about visiting the dentist. Comment cards from patients with children stated that they had been impressed with the level of care and patience demonstrated by the dental team.

Patients described the service as being exceptional. They said they were given clear and detailed information about their dental care and told us their dental clinician listened to them.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity and were aware of the importance of patient confidentiality.

If a patient asked for more privacy, staff told us they would take them into another room. The computer screens at the reception desk were not visible to patients, and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements of the Equality Act. The provider told us that although they had never needed to in the past, they could arrange interpretation services for patients who did not speak or understand English as a first language. Staff communicated with patients in a way that they could understand.

Patients confirmed that staff listened to them and discussed options for treatment with them.

The practice provided patients with information about the range of treatments available at the practice. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. The provider gave patients clear information to help them make informed choices about their treatment.

The team used photographs, 3-D printers, models, videos and radiograph images to help patients better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients described satisfaction with the responsive service provided by the practice. They told us the practice had been accommodating with their needs.

The practice was not accessible to people with mobility issues as it was on the 1st floor of a building that did not have a lift. Practice staff told patients this prior to them making appointments to the service and referred them to accessible practices.

The practice had not undertaken a Disability Access audit.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The provider displayed the opening hours in the premises and included it on their website.

The provider had an appointment system to respond to patients' needs. They told us patients who requested an urgent appointment were seen the same day. Patients told us the dental clinicians gave them enough time during their appointment and did not feel rushed.

The practice provided telephone numbers at the practice's entrance and on their answer phone for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The practice told us they had a written complaints policy providing guidance to staff on how to handle a complaint. They could not find this on the day of the inspection. There was no information available to patients about how to make a complaint.

The dentist said they were responsible for dealing with complaints. They aimed to settle complaints in-house.

There had been no complaints logged in the last year.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They also undertook responsibility for the day-to-day running of the service and worked closely with the dental nurse.

Culture

The practice had an open, inclusive culture. They had processes in place to manage behaviour that was not in line with their culture and values.

The provider was aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour.

Governance and management

The provider had not established clear and effective processes for assessing, monitoring and managing risks, issues and performance. In particular they had not managed risks such as those arising from Legionella, electrical and portable appliances, use of pressure vessel and substances hazardous to health which could affect the safety of the practice .

Furthermore:

- They had not implemented effective systems to monitor staff training. We found the dentist had not completed training in safeguarding children and vulnerable adults,, infection prevention and control and radiography.

Appropriate and accurate information

The provider had appropriate information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The provider used verbal and social media comments to obtain views from patients about the service. They sought feedback from staff through meetings and informal discussions.

Continuous improvement and innovation

The practice did not have quality assurance processes to encourage learning and continuous improvement. For example, there were no audits of radiographs and infection prevention and control. We spoke with the provider about this and they told us that arrangements would be made for audits to be undertaken

The dentist had not completed all the 'highly recommended' training as per General Dental Council professional standards.

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 breached** The registered person 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: • The registered person had not ensured that the premises and all equipment was suitably maintained. This included the safety of the electrical installations, portable appliances and no legionella risk assessment. • There were inadequate systems in place to learning when things went wrong. For example, there was no understanding of RIDDOR, or 'Never Events' • There were inadequate infection control and legionella testing procedures **Regulation 12 (1)**

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 breached**

This section is primarily information for the provider

Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

In particular:

· There was no system in place to audit non-clincal and clinical areas of work.

· There was no safeguarding or recruitment policies in place

Regulation 17 (1)

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 breached** The registered person had failed to ensure that persons employed in the provision of a regulated activity received training as was necessary to enable them to carry out the duties they were employed to perform. In particular: · There was a lack of evidence to show the dentist was uptodate with their training ininfection prevention and control, safeguarding children and vulnerable adults and radiography. ,. **Regulation 18 (2)**

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

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 breached

The registered person had not established an effective recruitment process to ensure that fit and proper persons were employed.

In particular:

- The registered person had not completed criminal background checks for the dental nurse.
- The provider did not have a recruitment process on place.

Regulation 19 (1)(2)(3)