

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

76 Harley Street Limited

76 Harley Street, London, W1G 7HH

Date of Inspection: 07 December 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	76 Harley Street Limited
Overview of the service	76 Harley Street offers a full range of general and specialist dentistry to children and adults. There are three surgery suites at the practice which provide consultation and treatment in privacy. The practice is located on Harley Street, Central London, metered parking is available in the streets nearby and the practice is easily accessible by public transport. The surgery suites are located on the first floor of the building and not accessible to people with mobility difficulties.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 December 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke to service users at the visit. All patients we spoke to were happy with the care and treatment they received. Patients reported that they were 'very happy' and 'well cared for'. They reported the staff to be 'very friendly'. Patients were aware of the costs of treatment and had received written information. People requiring treatment will have a consultation and proposed treatments discussed with them in confidence. Evidence from written feedback showed that people were satisfied with the service and their involvement in making decisions about care and treatment.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

The provider is compliant with Outcome 01: Respecting and involving people who use services. People who use the service were treated respectfully and fully consulted about their treatment plans.

Reasons for our judgement

People who use the service told us they had a very positive experience and would recommend the practice to their family and friends. They said they received information about treatment options that enabled them to make informed decisions and all costs were explained to them before treatment. We saw copies of letters to patients detailing their treatment options and costs. Evidence of written treatment plans detailing the treatment proposed, expected costs and options was seen.

The service has a website which provided prospective patients with information on what to expect at their first appointment. The website also provided information about the services available and team members.

The practice had an appointment system that allowed sufficient time for people to discuss their needs and options with the dentist. Patients were given detailed verbal information and had access to written literature about treatment available to them at the initial consultation. The verbal information included any risks involved with the treatment chosen and enabled them to be involved in the treatment decision-making procedure. Patients had a further opportunity to discuss proposed treatments and costs with the practice manager who is a trained dental nurse.

Evidence of patients' guides on different treatments was seen which allows patients to make informed decisions about their care and treatment. People we spoke to were satisfied with information about their treatment provided to them and were aware of the options and fees involved. Patients reported they had 'time to ask questions'.

We saw from written patient feedback that overall people were very satisfied with the service.

We saw that people were treated with dignity and respect. People were greeted on arrival. Consultations and treatments were carried out in private rooms. Patients said that their privacy and dignity were respected by the dentist. Staff wore name badges which clearly

identified their name and role. People we talked to reported that 'staff were very friendly and made them feel welcome'.

A number of different languages were spoken by the staff which allowed them to communicate with patients who spoke limited English. Interpreters were also used if required. We saw evidence of an interactive electronic medical and dental assessment form which were available in multi-lingual form.

The practice had not received any formal written complaints. The practice manager contacted each patient by telephone after treatment to ensure that they were not having any problems.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at a number of clinical records which showed that each patient was risk assessed and a medical update was taken at each treatment course. Patients were booked for long appointments to allow time for verbal explanations of treatments. Records were kept electronically with secure access and storage.

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw evidence that patients had individual treatment plans. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The practice had mechanisms in place for dealing with medical emergencies. Staff had attended training on basic life support. The practice had emergency equipment, including oxygen cylinders, airways and emergency drugs. We were shown the equipment and all equipment was in date. Staff knew where the emergency equipment was kept and the procedure to follow in the event of an emergency. The premises also benefited from the presence of medically qualified staff who worked at the same location. There were arrangements in place to deal with foreseeable emergencies.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Overall, the provider was meeting this outcome.

Reasons for our judgement

Patients we spoke to said they felt safe and cared for at the practice.

The practice had appropriate policies and protocols in place relating to safeguarding children and vulnerable adults. The practice also had the contact details for the local safeguarding teams. Staff were aware of what to do if a safeguarding alert needed to be raised.

Evidence was seen of training in safeguarding for children. Children were seen on Saturdays by a specialist children's dentist who had received training in child protection. The practice also had plans in place for training of staff in safeguarding for vulnerable adults.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment. Overall, the provider was compliant with this outcome.

Reasons for our judgement

People using the service told us the practice was very clean. Evidence was seen of regular spot checks on cleanliness.

The practice provides on site training in infection control for its staff through an external company. The practice also has a separate decontamination area. Staff satisfactorily demonstrated the decontamination process followed. Staff demonstrated how they manually checked instruments after the washing phase and described how any residual matter would be checked for by using magnification and removed. Staff also demonstrated the use of an ultrasonic bath to ensure all debris was removed. Staff were able to explain the daily routine before any treatment that included checking sterilisers and equipment decontamination readings. There was a clear process in the treatment and decontamination rooms to ensure that clean and dirty instruments did not contaminate each other.

We observed that sterilised equipment was correctly stored in secure packaging which showed the expiry date.

We observed how staff would wear appropriate personal protective equipment in all areas. Correct procedure for cleaning the treatment rooms between patients was also observed.

A pre-acceptance waste audit was seen. Staff demonstrated knowledge of appropriate disposal of waste. The practice had a contract with a waste disposal company for regular removal of waste.

Regular infection control audits were also recorded. We were told by the practice manager that a legionella risk assessment of the premises had been carried out by the medical practice who shared the building.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We saw evidence that the practice kept details of professional registrations and indemnity certificates. We saw evidence of staff training and continued professional development. The dentists had CRB checks and risk assessments were carried out for other staff. All the dentists had specialist training.

The practice had not recruited new staff for over two years. The practice manager explained the recruitment process which involved a two stage interview process and obtaining references. The practice manager demonstrated that appropriate checks were undertaken before staff began work and that references were taken up before the start of employment.

Staff we spoke to felt well supported by their team.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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