

Bupa Occupational Health Limited

Bupa Health and Dental Centre - West End

Inspection Report

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Overall summary

We carried out this announced inspection on 14 August 2018 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 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 providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Bupa Health and Dental Centre – West End is located in Westminster and provides private treatment to patients of all ages. The centre also provides GP consultations, health assessments, dermatology and musculoskeletal services. This report focused on the dental services. The report of the other services, which was inspected on the same day, can be found by selecting the 'all reports' link for Bupa Health and Dental Centre on our website at www.cqc.org.uk.

Summary of findings

The practice has parking available on side roads and in nearby car parks.

The dental team includes seven dentists, five receptionists four dental nurses and a dental service manager. There were four dental treatment rooms and a decontamination room.

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 Bupa Health and Dental Centre - West End Was the practice manager.

On the day of inspection, we collected 28 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses, two receptionists, the dental services manager and the practice manager for the medical centre the practice was based in. 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 practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had staff recruitment procedures.
- 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had good leadership
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

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

- Review the systems for checking and monitoring equipment taking into account current national guidance and ensure that all equipment is well maintained.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting considering the guidance issued by the General Dental Council.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Staff were qualified for their roles and the practice completed essential recruitment checks in most cases.

The premises and equipment were clean and most equipment was adequately maintained. However, some improvements were required in regards to the maintenance of some equipment. The practice followed national guidance for cleaning, sterilising and storing dental and medical instruments.

No action



Are services effective?

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

The dentist understood the needs and provided care and treatment in line with recognised guidance. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Patients described the treatment they received as excellent, fantastic and professional

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. There was evidence of a induction programme for staff.

No action



Are services caring?

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

We received feedback about the practice from 28 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, attentive and friendly.

The said that they were given detailed and clear explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease.

We saw staff protected patients privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively to improve the quality of care.

No action



Are services well-led?

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

There was a clearly defined management structure and staff felt supported and appreciated.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

The practice had arrangements to ensure the smooth running of the service. These included systems for the dental practice team to discuss the quality and safety of the care and treatment provided.

No action



Are services safe?

Our findings

Safety systems and processes (including safeguarding)

The service had a number of systems to keep patients safe and safeguarded from abuse.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at seven staff recruitment records. This showed the practice followed their recruitment procedure.

The practice carried out staff checks, including DBS checks, checks of professional registration and indemnity where relevant. Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. There was no reference in the records for some of the staff that worked at the practice. We spoke with the dental service manager about this and they told us that the providers human resources team held the records for these people. Following the inspection, the references for these staff were sent to us.

We saw servicing documentation for the dental equipment used. Staff carried out checks in line with the manufacturers' recommendations. There was evidence that a range of electrical equipment had been tested for safety, and portable medical and dental equipment had been tested in June 2018. However, we found that there were no servicing records for their compressor PVT. The dental service manager told us they had believed this had been carried out as part of carrying out the servicing of cleaning and sterilising equipment. The provider took immediate action and made arrangements for the valves to be serviced before the end of the inspection. Following the inspection, we were provided with evidence that the compressor PVT had been serviced.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. dental nurse worked with the dentists at all times. The dental hygienist worked alone but practice staff supported them when

required. However, a risk assessment was not in place for when the dental hygienists who worked without chairside support. We spoke with the provider about this and they told us they would review these arrangements.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Clinical dental staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing re-usable medical and dental instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. The practice had carried out infection prevention and control audit in line with current national guidance.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. This included carrying out a legionella risk assessment and checks of the waterline.

We saw cleaning schedules for the premises. The practice was clean when we inspected.

Records of staff Hepatitis B immunity were kept for clinicians.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. Radiography audits were undertaken yearly.

Clinical staff completed continuous professional development in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

Are services safe?

We found that there was an effective and thorough induction system for new staff. This was tailored to their role and included a range of safety information and mandatory training.

There were a number of actions in place for managing fire risk in the premises including a fire risk assessment, regular fire drills, fire equipment checks and fire training.

There was a procedure in place for managing medical emergencies.

Staff completed training in emergency resuscitation and basic life support. This was evidenced in the staff training records we reviewed.

There were appropriate policies to mitigate risks to patient's safety including chaperoning and safeguarding policies.

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment had been undertaken as part of a general risk assessment.

Information to deliver safe care and treatment

Staff did have all the information they needed to deliver safe care and treatment to clients.

Dental care records were written, managed and stored in a way that kept patients safe. The care records we checked showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Dental 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 practice had reliable systems for appropriate and safe handling of medicines.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

The service had a good safety record.

There were comprehensive risk assessments in place in relation to safety issues. For example, in regard to fire, health and safety and legionella.

The practice monitored and reviewed activity through a variety of meetings. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Monitoring care and treatment and improving outcomes for patients

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

Effective staffing

Evidence reviewed showed staff had the skills and knowledge to deliver effective care and treatment.

The provider kept records to demonstrate that staff had appropriate mandatory training to cover the scope of their work including training for safeguarding, infection control and fire safety.

We confirmed dental clinical staff completed the continuous professional development required for their registration with the General Dental Council, including Ionising Radiation (Medical Exposure) Regulations 2000 (**IRMER**) Requirements.

Coordinating patient care and information sharing

We found that the service had effective systems in place for coordinating patient care and sharing information as and when required.

The dentists confirmed that 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 and processes to identify, manage, follow up and where required refer patients.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two weeks wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Supporting patients to live healthier lives

The dentist told us that where applicable they would discuss smoking, alcohol consumption and diet with patients during appointments.

Consent to care and treatment

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

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

The practice staff had an understanding of Mental Capacity Act 2005. There was a consent policy in place.

Pricing of treatment procedures was clearly communicated to patients verbally and through leaflets and posters.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated clients with kindness, respect, dignity and professionalism.

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room.

Involvement in decisions about care and treatment

Staff helped clients in being involved in decisions about their treatment.

The practice gave patients clear information to help them make informed choices.

Patients reported that staff listened to them, did not rush them and discussed options for treatment.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and implants.

Privacy and Dignity

The staff respected and promoted patients' privacy and dignity. We observed treatment rooms to be spacious, clean and private. Staff could offer clients a private room to discuss their needs in the reception area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The clinic organised and delivered services to meet clients' needs and expectations. The facilities and premises were appropriate for the services delivered. The website contained sufficient information regarding the services offered.

Timely access to the service

Patients described high levels of satisfaction with the responsive service provided by the practice. The practice had an efficient appointment system to respond to patients' needs.

The practice displayed its opening hours in the premises and on the practice website. We confirmed the practice kept waiting times and cancellations to a minimum.

Listening and learning from concerns and complaints

The service had a clear procedure for managing complaints. They took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the manager about any formal or informal comments or concerns straight away so patients received a quick response. Verbal and written complaints were recorded onto a central log.

We looked at comments, compliments and complaints the practice received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. This included the dental complaints service.

Are services well-led?

Our findings

Leadership capacity and capability

The practice manager had the skills and capacity to deliver the service and provide high quality care.

Leadership was strong at the practice in regards the day to day management of the practice. The provider clinical compliance lead was present at the inspection and seemed to have a good understanding and input into the service.

Vision and strategy

The service had a clear vision to deliver high quality care and treatment, excellent customer care and an overall positive client experience.

Culture

Staff stated they felt respected, supported and valued. Staff told us there was an open, no blame culture at the practice. They said that the registered managers encouraged them to raise any issues and felt confident they could do this.

They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately.

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management. Governance of the organisation was monitored and addressed during monthly meetings. Issues discussed including training requirements and the induction of new staff.

Managing risks, issues and performance

There was evidence of processes for managing risks, issues and performance. There were systems to identify, understand, monitor and address health and safety risks and risks related to the premises. The service had a business continuity plan in place.

Appropriate and accurate information

The service had process in place to act on appropriate and accurate information. The service had systems in place which ensured clients' data remained confidential and secured at all times.

Engagement with patients, the public, staff and external partners

The provider had systems to involve patients, the public, staff and external partners to improve the service delivered. The service encouraged feedback from clients. We saw the results of feedback and saw that the provider responded to concerns. For example changes were made to reduce the waiting time patients spent at the reception desk waiting to pay for treatment following feedback from patients.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff; there was evidence of staff performance appraisals having been undertaken for staff.

Staff records showed us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuing professional development.