

Stokes-Vega Dental Care Limited

Bishopsgate Dental Care

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 29 September 2022 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 adviser.

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 was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- 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.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

Bishopsgate Dental Care is part of a corporate group of dentists which offers a co-ownership model whereby dental practice owners are classed as equity holders. At the time of inspection, there are 136 practices in the group.

Bishopsgate Dental Centre is in Bishopsgate; a short walk from Liverpool Street in the City of London and provides private dental care and treatment for mainly adults and a small percentage of children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are limited in and around the practice as it sits in a highly populous and busy area. The practice has made reasonable adjustments to support patients with additional needs, for example, internal lift access is available to the first floor of the practice for those with mobility issues.

The dental team includes 6 dentists, 3 qualified dental nurses, 1 trainee dental nurse, 3 dental hygienists (one of whom is also a therapist), 1 orthodontic therapist and 2 receptionists. They are supported by a full-time practice manager and visiting corporate level compliance advisors who works peripatetically across the practices in the group. The practice has 4 treatment rooms.

During the inspection we spoke with 1 dentist, 1 qualified dental nurse, 1 dental hygienist, 1 receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8am to 7pm

Tuesday & Thursday 8am to 6pm

Wednesday 8am to 8pm

Friday 8am to 5pm.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

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. They carried out six monthly infection prevention and control audits which were used as an opportunity to implement changes and work towards achieving best practice.

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.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice had arrangements to ensure the safety of the intra-orals and extra-oral X-ray equipment and we saw the required radiation protection information was available. We saw that policies were in place for the use of laser equipment.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, compressed vessels, the use of lasers and sepsis awareness.

Emergency equipment and medicines were available and checked in accordance with national guidance. Staff we spoke with knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health and data sheets were readily available to all staff.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had effective systems for managing, monitoring and following up patients referred for suspected oral cancer under the national two-week wait arrangements.

Are services safe?

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out and gave a good indication of the appropriateness of clinicians prescribing. The most recent audit identified that whilst dentists generally adhered to guidance, they had no way of checking if patients had elevated temperature as part of risk assessment for sepsis. The provider actioned this by ensuring thermometers were now available in every surgery.

The provider dispensed commonly used antimicrobials. There was a dispensing and prescribing policy and we found that the providers' process for issuing prescription was safe and in line with current guidance.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating 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.

One of the dentists had special interest in orthodontics and carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. They were supported by an orthodontic therapist who undertook duties in line with legislation.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were proactive in helping patients to live healthier lives and directed them to appropriate schemes, for example, smoking cessation services.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

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

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

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

Newly appointed staff had a structured induction and clinical staff 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 dentists 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.

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

Feedback left by patients indicated that they were satisfied with the care and treatment provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

We noted that all clinical rooms had doors which were closed to maintain patients' privacy and dignity during care and treatments.

Staff we spoke to on the day told us that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely. We saw that staff logged off or locked the computers when stepping away from the device.

Involving people in decisions about care and treatment

It was clearly documented in clinical records how staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models, videos, X-ray images and an intra-oral camera.

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. It took account of patient needs and preferences.

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

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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 practice understood the population group they served and offered late evening appointments for patients who could not attend during normal opening hours.

The practice had a clear, user-friendly and accessible website; patients could request a video consultation via this platform.

Regular waiting times audits were carried out to determine how to improve access to the service.

At the time of the inspection, the provider told us routine appointments were available within 24 hours for those wanting to register as new patients and same day urgent slots were also reserved for patients that needed them.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions.

The information and evidence presented during the inspection process was clear and well documented.

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

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during formal annual appraisals, however they told us they could request for one to one meetings any time to discuss personal matters, general wellbeing and additional training.

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 to support good governance and management.

The practice had centralised systems and standardised materials which were accessible by all staff working within the corporate provider group. The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

We looked at the endodontic audit which was completed over two cycles. The purpose was to check that clinicians were complying with record keeping when undertaking conventional root canal treatment. The results from the audits highlighted that recordkeeping was generally of acceptable standard, however, further improvements were required to ensure targets were met. One of the criteria of the audit looked at “restorability of the tooth”; in the first cycle the practice identified that this was only reported on 8% of cases compared to 77% in the second cycle.

Staff kept records of the results of these audits and the resulting action plans and improvements.

All staff we spoke with seemed motivated and told us that they were supported by the provider to further their careers. For example, one of the dentists had special interest in endodontic and completed training courses to enhance their skills.