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Old Street Dental Clinic

Inspection Report

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Overall summary

We carried out this announced inspection on 15 April 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 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

Old Street Dental Clinic is in London and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs.

The dental team includes eight dentists, two qualified dental nurses, a trainee dental nurse, two dental hygienists and a receptionist. The practice has four treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of the inspection, we collected 30 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, two dental nurses, a dental hygienist, and the receptionist. We checked practice policies and procedures and other records about how the service is managed.

The practice is open at the following times:

Monday to Thursday 8am-7pm

Friday 8am-6pm

Saturday 8.30am-2pm

Our key findings were:

- The practice appeared clean and well maintained.
- The provider 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 to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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 had effective leadership and culture of continuous improvement.

- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.
- The provider had staff recruitment procedures that required improvement to be in line with current national guidance and legislation. The provider revised some of these immediately after the inspection.
- The provider had systems to manage incidents, but an incident had not been suitably documented.
- All staff had been immunised against Hepatitis B, but the provider had not sought assurances that two members of clinical staff had achieved suitable immunity.
- The provider had audited clinical and non-clinical processes. Improvements were required to have in place an effective system for carrying out regular audits of dental radiography for all relevant dental clinicians.

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

- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.
- Review the practice's system for the documentation of actions taken, and learning shared, in response to incidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review the practice's systems for carrying out clinical audits, such as for dental radiography, and reviews to identify, share, and where applicable act on areas for improvement.

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

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

The premises and equipment were clean and properly maintained. The provider followed national guidance for cleaning, sterilising and storing dental instruments.

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

Staff were qualified for their roles and the provider completed essential recruitment checks. The provider completed further checks for staff immediately after the inspection to ensure their processes were in line with current legislation requirements.

The provider had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve. An incident had not been suitably documented.

All staff had been immunised against Hepatitis B. The provider had not sought assurances that two members of clinical staff had achieved suitable immunity.

No action



Are services effective?

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

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

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

The practice had arrangements for patient requiring referral to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

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 30 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly and professional and put them at ease.

They said that they were given clear information about their dental care and said their dental clinician listened to them.

No action



Summary of findings

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

Are services responsive to people's needs?

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.

Staff considered patients' different needs. This included providing facilities for patients with a disability and people with children.

The provider told us they took patients' views seriously. They said they valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action 

Are services well-led?

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

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

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

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

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

The provider had carried out clinical audits of radiography but could strengthen arrangements by ensuring these audits were completed at regular intervals, and to include all relevant dental clinicians.

No action 

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the Care Quality Commission (CQC).

The practice had a system to highlight vulnerable patients on records e.g. adults and children where there were safeguarding concerns, people with enhanced learning needs or a mental health condition, or those who required other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff. We checked all staff recruitment records and found the procedure reflected the relevant legislation in most areas. The provider had obtained historic criminal background checks for staff and had not checked for any updates prior to new staff commencing work at the practice. Immediately after the practice the provider completed these updates for all staff.

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

The practice ensured that facilities and equipment were safe. Equipment, including electrical and gas appliances, was maintained according to manufacturers' instructions.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the radiography equipment and had the required information in their radiation protection file.

The dentists justified, graded and reported on the radiographs they took. The practice had carried out radiography audits in 2016 and 2019.

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

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk.

The practice had current employer's liability insurance.

The staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was regularly updated.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. They had checked the effectiveness of the vaccination for all but two members of clinical staff. Shortly after the inspection they told us they were in the process of arranging for the remaining checks to be completed.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

Are services safe?

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed 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.

Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The 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 any dental work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations were actioned, and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. 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.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We

looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, kept securely, and complied with General Data Protection Regulation (GDPR) 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 reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

Track record on safety, lessons learned and improvements

The practice documented, investigated and reviewed incidents. They discussed incidents with the rest of the dental practice team to prevent such occurrences happening again in the future. This helped them understand risks and gave a clear, accurate and current picture that led to safety improvements. We checked their processes and found recording of an incident could have been more comprehensive.

There was a system for receiving and acting on safety alerts but the system for disseminating such alerts to relevant members of staff was not clear. Immediately after the inspection the provider revised their system to share recent relevant alerts to staff to ensure staff would learn from external safety events as well as patient, equipment and medicine safety alerts received.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dental clinicians were kept up to date with current evidence-based practice. They assessed patients' needs and delivered 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 in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste and fluoride varnish if a patient's risk of tooth decay indicated this would help them.

The dental clinicians, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients improve their oral health.

The dentists 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 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 dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The provider's consent policy included information about the mental capacity. The team understood their responsibilities under the Mental Capacity Act when treating adults who may not be able to make informed

decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent to treatment for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

The practice audited patients' dental care records for some dentists to check that they recorded the necessary information.

Effective staffing

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

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs during informal discussions, regular appraisals and clinical supervision. We saw evidence of completed appraisals where staff discussed learning needs, general wellbeing and aims for future professional development.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training at regular intervals. The provider supported and encouraged staff to complete continuing professional development. Some records were not available for us to check during the inspection; they were made available to us immediately after.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

The dentists 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 (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

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 30 patients. They commented positively that staff were friendly and professional and made them feel at ease. They told us they had received good customer service from the receptionist

Information leaflets were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. If a patient asked for more privacy, staff told us they could 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. They updated staff about the

Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given:

- Interpretation services were available if needed for patients who did not speak or understand English as a first language.
- Staff spoke a variety of different languages and could help communicate information to patients.
- Staff could provide reading materials in different fonts to make them easier to read.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet 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, models, videos, and radiograph images.

Intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient to help them better understand the diagnosis and treatment.

Patients told us they liked being able to see their radiographs on the practice's tv screens in the surgeries.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had made adjustments for patients with disabilities including step free access and accessible toilet with hand rails and a call bell. A disability access audit had been completed and an action plan formulated 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 displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Staff told us patients who requested an urgent appointment could be seen the same day, and this was confirmed by patients who gave us feedback about the service.

Patients told us they were usually seen on time, that they had enough time during their appointment, and that did not feel rushed.

The practice's provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. There was also information available to patients about how to make a complaint.

The principal dentist was responsible for dealing with complaints. They told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

We checked comments, compliments and complaints the practice received in the last 12 months. The records showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

Staff told us the principal dentist was visible and approachable. They worked closely with the staff and others and prioritised compassionate and inclusive leadership.

Vision

There was a clear vision and set of values. These included providing high quality services with a focus on excellent patient care. The provider had planned their services to meet the needs of their practice population.

Culture

The practice had an open, inclusive culture that was focused on excellent team working, well-being, and effective communication. They had processes in place to manage behaviour that was not in line with their culture and vision.

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

Staff told us they felt respected, supported and valued. They appeared proud to work in the practice. They showed openness, honesty and transparency when responding to incidents and complaints. They were aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour.

Staff we spoke with told us that they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support the governance and management processes.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider 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 regularly.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

The practice obtained the views of their staff and patients about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The provider's March 2019 FFT results showed all patients surveyed would recommend the practice to their friends and/or family.

The practice gathered feedback from staff through meetings 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

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 provider had carried out radiography audits in 2016 and 2019 for one dentist respectively. They could

Are services well-led?

strengthen arrangements to ensure they included all relevant dental clinicians in the radiography audits, and that they carried out the audits at more regular intervals to continuously learn and improve.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.