

Boodles Limited

Boodle Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on Monday 5 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection in response to concerns raised to the CQC and in order 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

Boodles Dental Surgery is in Bradwell Common, Milton Keynes and provides private treatment to patients of all ages. It is one of five practices in the area owned by Boodles Limited.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including those for patients with disabled badges, are available in the car park which is shared with the medical centre.

Summary of findings

The dental team includes one dentist and a pool of eight nurses and five receptionists who work across all five practices owned by the company. Staff from this practice may be required to work at other dental practices within the company. The practice has one treatment 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. At the time of the inspection the practice did not have a registered manager in post. After the inspection we were told by the owner of the practice that an application to register a manager was in the process of being submitted.

On the day of inspection we collected 11 CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, two dental nurses (one of whom was assisting with the inspection process. This dental nurse did not work at the practice on a regular basis) and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 8.30am to 1pm and 2pm to 5.30pm Monday to Friday.

Our key findings were:

- The practice was clean and well maintained.
- There were sufficient numbers of suitably qualified and competent staff and clinical staff were up-to-date with their continuing professional development.

- 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 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 appointment system met patients' needs.
- The practice had effective 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.

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

- Review the storage of dental care products requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the systems in place to meet the needs of patients with hearing difficulties or of those patients who do not speak or understand English.
- Review the systems in place to learn from complaints and incidents.

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.

The practice had systems and processes to provide safe care and treatment. There was no documentary evidence that the practice used learning from complaints to help them improve.

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 received support to meet the requirements of their professional registration.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Although some equipment seen on the day of inspection required re-cleaning and sterilisation as they were marked and stained. This task was completed during the inspection.

The practice had suitable arrangements for dealing with medical and other emergencies.

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

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice 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 12 people. Patients were positive about all aspects of the service the practice provided. They told us that they were involved in decisions about their dental care and said the dentist listened to them and they did not feel rushed during their appointments. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice did not have access to a portable hearing loop although we were told that staff did not have any difficulties communicating with patients with hearing loss.

The practice took patients views seriously. 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 practice 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 written or typed and stored securely.

The practice 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.

No action





Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. We noted the policies did not contain a date of implementation or review. Staff knew about the policies and confirmed that any accidents or incidents would be reported to a practice manager.

We were told that there had been no incidents or accidents at the practice. We saw that event recording forms were available. Monthly monitoring of events took place. The monthly monitoring forms that we were shown recorded a nil return.

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We saw that these had been received in the past. During the inspection one of the practice managers registered to receive these alerts. We were told that in future relevant alerts would be discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures which only provided staff with brief information about identifying and reporting suspected abuse. For example the policy stated that suspicions of abuse were taken seriously and responded to swiftly and appropriately. However, there was no guidance for staff regarding the action to take, forms to complete or staff to contact. There were no contact details at the practice for any external agencies involved in the investigation of suspected abuse. Staff we spoke with knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances and confirmed that they would report any suspicions of abuse to one of the practice managers. Following this inspection we received a copy of the safeguarding policy which had been amended as discussed during the inspection visit.

We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We were shown evidence that Disclosure and Barring Service checks had been completed on all staff to ensure they were suitable for working with children and vulnerable patients.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. However staff did not complete regular simulated medical emergency training scenarios to practice what they had learnt.

We reviewed the practice's emergency equipment and medicines and we saw that the practice did not have available all of the emergency medical equipment as described in recognised guidance. For example the practice did not have a defibrillator or a self-inflating bag and mask for a child. During this inspection we were shown evidence these pieces of equipment had been purchased and were awaiting delivery.

We saw that staff kept records of their checks on emergency medicines and equipment to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at two staff recruitment files. We noted that the practice had not obtained evidence of good conduct in previous employment on each occasion. The practice had recorded that they had known the potential employee for many years and had therefore not obtained a reference. Following this inspection we received confirmation that references had been obtained.



Are services safe?

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

Monitoring health & safety and responding to risks

The practice had health and safety policies and risk assessments to help manage potential risk. There was no evidence that policies had been reviewed on a regular basis. The health and safety policy had not been adapted to meet the needs of the practice. For example staff were to report any safety incidents within the specified timescale to the health and safety manager. There was no information regarding what the specified timescale were or the name of the health and safety manager.

Risk assessments seen covered general workplace and specific dental topics. For example fire and health and safety.

We saw that fire safety checks were being completed on a regular basis. Staff were completing fire drills on a six monthly basis. However records seen did not demonstrate that all staff at the practice had been involved in these fire drills. We were told that staff would have completed a fire drill whilst working at one of the other practices within the company. Following this inspection we received confirmation that all staff who worked at the practice had been involved in a fire drill.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients.

Infection control

We were shown the practice's infection prevention and control policy and procedure. We saw that this policy had not been adapted to meet the needs of the practice. For example the name of the infection control lead was not recorded and the policy contained limited information regarding infection control processes. Following this inspection we were forwarded a copy of the amended policy which now recorded the required information.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments. Decontamination processes followed guidance in The Health Technical Memorandum 01-05: Decontamination in

primary care dental practices (HTM01-05) published by the Department of Health. We saw that instruments were hand scrubbed prior to sterilisation. However two pouched instruments that we saw were stained and required re-scrubbing and sterilising. This was completed during the inspection.

Records showed that the equipment used for cleaning and sterilising instruments was maintained. We were told that the autoclave was monitored at each use. However we were not shown documentary evidence of this.

Staff completed infection prevention and control training every year.

The practice carried out infection prevention and control audits twice a year. The latest audit identified some issues for action but there was no date recorded that the action would be completed by. The provider confirmed that they did not own the building and would need to contact the landlord to discuss the action necessary to address the issue. We were told that this would be completed as soon as possible. We also noted some inaccuracies within the latest infection prevention and control audit. Following this inspection one of the practice managers forwarded an updated infection prevention and control audit which had been amended as appropriate.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had systems in place for prescribing, dispensing and storing medicines. We saw that staff were monitoring and recording fridge temperatures to demonstrate that any medicines stored within the fridge



Are services safe?

were done so in accordance with manufacturer's recommendations. However, the fridge temperature records seen recorded temperatures of 10 degrees Celsius on more than one occasion. This is above the recommended temperature range of between two and eight degrees Celsius. Glucagon was being stored within the fridge. We were told that a new supply of Glucagon would be purchased and appropriately stored.

Radiography (X-rays)

The practice had a very well maintained and easy to follow radiation protection file. Suitable arrangements were in

place to ensure the safety of the X-ray equipment which met current radiation regulations. However, we were not shown evidence that the practice had notified the Health and Safety Executive that they intended to commence work using ionising radiation

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits following current guidance and legislation.

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



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments and we saw evidence of this in patient's dental care records.

The practice had a selection of dental products for sale and we were told that a free introductory kit for denture cleaning was given to patients with dentures. The practice had some health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. The receptionist told us that they had shadowed the head receptionist before working on the reception desk alone. We were told that the induction process gave staff the information needed to be able to do their job. The trainee dental nurse told us that they were receiving support from staff within the organisation. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Systems were in place to provide staff cover during times of annual leave. Staff shortages would be covered by other suitably qualified staff from within the dental practices owned by the company. Where this was not possible patients requiring emergency dental treatment would be offered an appointment at one of these other dental practices.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Diagrams, models and pictures were used to support this process. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentist was aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were professional and friendly. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone. The receptionist chatted to patients whilst they waited to see the dentist and we were told that this was particularly important to try and put nervous patients at ease.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas did not provide privacy when reception staff were dealing with patients. Staff were aware of this and said that they did not disclose patient's personal details when speaking over the telephone. Staff told us that if a patient asked for more privacy they would take them into another room.

Reception computer screens were not visible to patients. Paper records were securely stored and staff did not leave personal information where other patients might see it. Staff password protected patients' electronic care records and backed these up to secure storage.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. We were told that diagrams, models and pictures were used to help patients understand information given to them.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as veneers and implants.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

Promoting equality

The practice was located next to a medical centre. Parking spaces, including those for disabled badge holders were available within the car park which was shared with the medical centre. The practice made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet. However the practice did not have a portable hearing loop to be used by patients with hearing aids.

Staff said that the large majority of patients who attended this dental practice were able to speak and understand English. We were told that there had been no occasions where a translation service had been needed. Staff at other practices owned by the company were able to speak Romanian and Albanian and we were told that patients who spoke these languages would be seen by these dentists. Staff said that they would use a web based translation service if required for other languages.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept two appointments free for same day appointments. The website and answerphone 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.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The complaint policy recorded the name of a complaint lead who was responsible for dealing with complaints. Staff said that they would tell the complaint lead about any formal or informal comments or concerns straight away so patients received a quick response. Staff also said that they would print off a copy of the complaint procedure and give this to patients along with the contact details of the complaints lead.

Patients who wished to make a complaint would be invited to speak with the complaint lead in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice had received within the last 12 months. These showed the practice responded to concerns appropriately. However, there was no documentary evidence to demonstrate that outcomes were discussed with staff to share learning and improve the service. We were told that any clinical issues were always discussed with the clinician involved, however minutes of these meetings were not kept.



Are services well-led?

Our findings

Governance arrangements

The company employed two practice managers who provided support and guidance regarding the day to day running of all practices owned by the company. The principal dentist was responsible for the day to day clinical leadership of the practice. The company also employed a head receptionist and a lead dental nurse who provided advice and guidance to each practice as required. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. We noted that the majority of policies and procedures did not contain a date of implementation or review. Some of the policies had not been adapted to meet the needs of the practice. For example, the health and safety policy advised staff to report health and safety incidents to the health and safety manager and any incidents reportable under RIDDOR were to be reported within the specified time. The policy did not identify who the health and safety manager was or the specified timeframe to report incidents. The practice's policy regarding safety alerts stated that the practice manager was to distribute these alerts to the team and take appropriate action. However, the practice had not registered to receive patient safety alerts. This demonstrated that the policy had not been reviewed.

There was evidence that the practice were not following their policies on each occasion. The practice's quality assurance of X-ray developer policy records the use of a technique that is not being used at the practice.

Following this inspection we were told that all policies and procedures had been reviewed and amended as required. The date of review was recorded along with a date for future annual review.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. Duty of candour information was available to staff in the practice manual.

Staff told us there was an open culture at the practice. They said they were encouraged to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice managers were approachable, would listen to their concerns and act appropriately.

Staff meetings for all staff from the dental practices owned by the company were arranged on a regular basis. Staff told us that these were usually held on a monthly basis. Staff said that they were updated on any changes within the practice and were able to raise any concerns and discuss clinical and non-clinical updates. It was clear the practice worked as a team and dealt with issues professionally.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, infection prevention and control, antibiotic prescribing and justification for antibiotic prescribing. They had clear records of the results of these audits. We were told that improvements were made due to audit findings.

The company showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. We were told that there was an internal peer review group across the company which met on a quarterly basis.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

Practice seeks and acts on feedback from its patients, the public and staff



Are services well-led?

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. Completed patient surveys were sent to head office on a monthly basis. The results were analysed and we were told that the practice had received positive feedback.

We saw examples of suggestions from staff the practice had acted on. For example the practice had developed a

questionnaire regarding oral health concerns. Patients were requested to complete this questionnaire when completing their medical history information. We were told that a communication system had been implemented regarding the availability of the emergency appointment slots and the receptionist had suggested reviewing the procedure for patients who failed to attend appointments.