

Boulevard Dental Care Ltd

Boulevard Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 28 June 2017 to check whether the registered provider was meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions associated with the Health and Social Care Act 2008.

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

Boulevard Dental Care opened in January 2017 and is located in Crawley, West Sussex and provides private treatment to patients of all ages.

The practice is located on the top level of a two storey building. The premises are not suitable for people using a wheelchair as there are steep stairs and no lift. Car parking bays are available near the practice where people can pay to park.

The dental team is comprised of a dentist, a dental nurse, a dental hygienist/dental nurse and a practice manager who was also the provider.

Summary of findings

On the day of inspection we received seven CQC comment cards providing positive feedback.

During the inspection we spoke with the dentist, the dental nurse and the practice manager, to assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

The practice is open: Monday to Saturday 10am to 6pm.

The practice manager who is also the provider is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- The practice was clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available in accordance with current guidelines.
- The practice had systems in place manage risks.
- Staff understood and received safeguarding training and knew how to recognise signs of abuse and how to report it.
- Safe recruitment of staff was in place.
- Treatment was well planned and provided in line with current guidelines.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The practice sought feedback from staff and patients about the services they provided.
- Complaints were responded to in an efficient and responsive manner.

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 in place to ensure all care and treatment was carried out safely.

The practice learned from incidents and complaints and used this learning to drive improvement

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

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks.

Premises and equipment were clean and properly maintained

No action



Are services effective?

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

Patients' needs were assessed; care and treatment was delivered in line with guidance.

Staff were supported to complete training relevant to their roles and this was monitored.

There was effective process in place to refer to other health care professionals.

Informed consent was obtained and recorded.

No action



Are services caring?

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

The patients who provided feedback were positive about the care and attention to treatment they received at the practice. They told us staff were excellent and caring.

Patients commented they were treated with dignity and respect.

We observed privacy and confidentiality were maintained for patients.

The staff recognised and respected people's diversity, values and human rights.

Patients confirmed they felt the staff listened, involved them and treatment was fully explained.

No action



Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to meet patients' needs.

Patients had access to telephone interpreter services.

No action



Summary of findings

The registered provider took in to account the needs of different people.
Patients could access treatment in a timely way.
Concerns, complaints and compliments were listened and responded to.

Are services well-led?

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

There were systems in place to ensure the smooth running of the practice.

Patient dental care records were complete, legible and stored securely.

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles.

Arrangements were in place to support communication about the quality and safety of services.

The practice regularly monitored clinical and non-clinical areas of practice as part of a system of continuous improvement and learning.

The practice gathered the views of patients and staff about the service provided.

No action 

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to report, investigate, respond and learn from accidents, incidents and significant events. Staff were aware and understood the process for reporting these.

The practice had no incidents recorded but staff explained they would discuss any incidents to minimise risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Relevant alerts were discussed with staff, actioned and stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence all staff had received vulnerable adults and children safeguarding training. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the process they needed to follow to report concerns.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recrimination.

We looked at procedures required for safe dental care and treatment; this included the use of safe sharps in dentistry and the use of rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. We saw risk assessments were in place and reviewed annually.

The practice had a business continuity plan which managed the risk of service disruption.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency equipment was in place, accessible and consistently monitored. We found three items were missing

Staff recruitment

The practice had a policy and procedure in place for the safe recruitment of staff. Staff recruitment files we saw showed the recruitment procedure had been followed.

Clinical staff, where appropriate, were qualified and registered with the General Dental Council (GDC).

Monitoring health & safety and responding to risks

The staff had undertaken risk assessments to cover health and safety concerns to manage and mitigate risks within the practice: this included fire, waste management and safe storage of materials.

All clinical staff were supported by another member of the team when providing treatment to patients.

Infection control

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste and decontamination guidance. The practice followed appropriate guidance. (Department of Health, 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)

We spoke with dental nurses about decontamination and infection prevention and control. We found instruments were being cleaned and sterilised in line with guidance.

We saw records which showed the equipment used for cleaning and sterilisation of instruments was maintained and used in line with the manufactures guidance and operating effectively. Staff had received training relating to infection prevention and control.

The practice had carried out an Infection Prevention Society (IPS) audit. The latest audit showed the practice was meeting the required standards.

Records showed the practice had completed a Legionella risk assessment. The practice undertook processes to reduce the likelihood of bacterial growth development.

We saw evidence of cleaning schedules that covered all areas of the premises. We found, and patients commented the practice was consistently clean.

Equipment and medicines

Are services safe?

We saw evidence of servicing certificates for all equipment. Checks were carried out in line with the manufacturers' recommendations and guidelines.

There was a system in place for prescribing, administration and storage of medicines.

We saw the practice was storing NHS prescriptions in accordance with current guidance.

Radiography (X-rays)

We found there were suitable arrangements in place to ensure the safety of the X-ray equipment

The practice demonstrated compliance with current radiation regulations this included information stored within the radiation protection file.

We saw where X-rays had been taken they were justified, reported on and quality assured.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date, detailed dental care records. They contained information about the patient's current dental needs and past treatment. The clinical staff carried out assessments in line with recognised guidance.

We were told patients were recalled on an individual risk based assessment. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records. In addition, the dentists told us they discussed patients' lifestyle and behaviour, this was recorded in the patients' dental care records.

Health promotion & prevention

The practice had a focus on preventative care and supporting patients to ensure better oral health was in line with the Better Oral Health toolkit. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental disease.

We were told by the dentist and saw in dental care records that diet, smoking cessation and alcohol consumption advice was given to patients.

The practice had a selection of dental products and health promotion leaflets to assist patients with their oral health.

Staffing

Staff new to the practice had a period of induction and a training programme was in place. We confirmed staff were supported to deliver effective care by undertaking continuous professional development for registration with the General Dental Council.

Staff told us they had annual appraisals where training requirements were discussed at these. We saw evidence of completed appraisals.

Working with other services

The dentist confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. There was a system in place to record and monitor referrals made. (The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.)

Consent to care and treatment

We spoke with staff about how they implemented informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Patients commented they were given information and appropriate consent was obtained before treatment commenced.

Staff were clear on the principles of the Mental Capacity Act and the Gillick competency test for children under 16. The act is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain the treatment options.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We were told staff would take into account the needs of people's diversity, values and human rights.

Feedback from patients was positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and to be friendly towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality was maintained for patients who used the service on the day of inspection. We were told if patients wanted to talk in private a room this would be arranged.

Patients, who were nervous about treatment, commented they were supported in a compassionate and empathic way.

Dental care records were not visible to the public on the reception desk. Patients' electronic care records were password protected and regularly backed up to secure storage in accordance with the Data Protection Act.

Music was played within the practice treatment rooms for patients and magazines were in the waiting room. Cool drinking water, tea and coffee were available.

Involvement in decisions about care and treatment

The practice provided patients with clear information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them.

We were told staff responded to pain, distress and discomfort in an appropriate way.

The practice's website provided patients with information about the range of treatments which were available at the practice. This included general dentistry and treatments for gum disease and crowns.

Each treatment room had an information screen for patients to be shown photos or X-ray findings and discuss treatment options. All computers had access to the internet and videos could be used to explain treatment options to patients with more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The facilities and premises are appropriate for the services that are planned and delivered.

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We were told the patients were given sufficient time during their appointment so they would not feel rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Access to the service

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

We confirmed waiting times and cancellations were kept to a minimum.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us

patients would be seen the same day so that no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room and in the practice information leaflet.

Information was available describing what steps they needed to take if they were not happy with the review of their complaint.

The practice manager was responsible for dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they had no patient complaints to date.

Are services well-led?

Our findings

Governance arrangements

There was an effective management structure in place. Staff were supported, managed and were clear about their roles and responsibility. We were told staff met their professional standards and followed their professional code of conduct.

The practice manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection prevention and control.

Leadership, openness and transparency

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong. This is in accordance with the Duty of Candour principle

All staff were aware of who to raise any issue with and told us the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice. Staff told us there was an open culture within the practice and they were

encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held meetings to ensure staff could raise any concerns and discuss clinical and non clinical updates. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

Learning and improvement

We saw audits were carried out thoroughly with results and action plans clearly detailed. Quality assurance processes were used at the practice to encourage continuous improvement. This included clinical audits such as dental care records, X-rays and infection prevention and control.

All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. They were keen to state that the practice supported training which would advance their careers.

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

The practice had systems in place to involve, seek and act upon feedback from staff and people using the service. These systems included comment cards in the waiting room and verbal feedback. We confirmed the practice responded to feedback.