

Boodles Limited

# Walnut Dental Centre

## Inspection Report

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### Overall summary

We carried out this announced inspection on 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 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**

Walnut Dental Centre is in Milton Keynes and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including some for patients with disabled badges, are available near the practice.

Two dentists work at the practice and are supported by a pool of eight dental nurses and five receptionists, who work across all five practices owned by the company. The practice has two treatment rooms.

# Summary of findings

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 to be submitted.

On the day of inspection we collected 25 CQC comment cards filled in by patients and spoke with two patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, one dental nurse, one 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 from Monday to Friday between 8:30am and 5:30pm.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance. We identified some necessary improvements.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available; however, some were missing or had expired.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures; however, information was missing about the immunisation for two staff members.
- 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 availability of medicines and equipment to manage medical emergencies taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. Staff should carry out thorough checks to ensure that expired medicines and materials are disposed of in a timely manner.
- Review availability of an interpreter services for patients who do not speak English as a first language.
- Review the protocol for completing accurate, complete and detailed records relating to the recruitment of staff. This includes ensuring recruitment checks, including evidence of immunisation status, are suitably obtained and recorded.
- Review the risk assessment for Legionella prevention and ensure that all recommendations are followed.
- Review the formal report made by the radiation protection advisor and ensure that all recommendations are completed.

# 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. They used learning from accidents and complaints to help them improve. At the time of our visit, staff were not recording incidents but they subsequently introduced log sheets for this.

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

Staff were qualified for their roles and the practice completed essential recruitment checks. Some information was not present regarding the immunisation status of two clinical staff members and was not provided to us as requested in the days following the inspection. We were told that this information had been requested from staff.

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

The practice had arrangements for dealing with medical and other emergencies. However, some of the equipment was missing and other items had expired. We had been sent evidence that some, but not all of the missing/date expired equipment had been replaced.

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 professional and thorough. The dentists 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 27 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, professional and diligent. They said that they were given thorough explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



# Summary of findings

We saw that 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 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 interpreter services and did not have specific arrangements to help patients with sight or 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 and significant events. Staff knew about these and understood their role in the process. However, these processes did not extend to incidents. The practice should record, respond to and discuss all incidents to reduce risk and support future learning. Staff shared an example of an incident with us involving some prescription medicines but this was not documented. Within four working days, the practice manager sent us evidence of an incident log sheet that would be used for recording incidents.

The practice had a policy which contained details about the receipt of national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). However, we spoke with the practice manager and found that staff had not received any recent alerts. Relevant alerts should be discussed with staff, acted on and stored for future reference. Within four working days, the practice manager sent us evidence that they had subscribed to receive safety alerts.

### Reliable safety systems and processes (including safeguarding)

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 suspected abuse but it did not contain details about 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 but there was no information in the practice about how to report abuse to the local authorities. Within four working days, the practice manager sent us evidence of an updated policy with the relevant contact details on it.

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

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 with 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.

Emergency equipment and medicines were mainly available as described in recognised guidance; however, some items were missing. These included portable suction and a self-inflating bag with clear face masks for adults. The practice manager contacted us after the inspection and informed us that portable suction was available at the practice but was not stored in the correct place with the other emergency equipment. No information was sent to us as requested in the days following the inspection regarding the purchase of the self-inflating bag for adults. A body fluids spillage kit was also not available but we were sent evidence that a kit had been purchased immediately after our visit.

Staff kept records of the equipment and medicine checks to make sure these were available, within their expiry date, and in working order. However, these systems required improvements as we identified several expired items on the day of our visit. These included the mercury spillage kit and the self-inflating bag for children. Within four working days, we were sent evidence that a new mercury spillage kit had been purchased. Two weeks after the inspection, the practice manager told us that a new self-inflating bag for children had been purchased. We were awaiting evidence of purchase at the time of writing this report.

### Staff recruitment

The practice had a recruitment policy and procedure to help them employ suitable staff. However, some aspects of this were non-specific; for example, the section about immunisation status of staff did not contain any details about immunity to Hepatitis B. We looked at three staff

# Are services safe?

recruitment files. These showed the practice followed their recruitment procedure apart from two staff members who did not have any evidence of adequate immunisation against Hepatitis B.

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's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. 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**

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. However, some improvements were required. We reviewed a selection of staff files and found that the clinical staff had completed infection prevention and control training within the past year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

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

The practice had some procedures in place to reduce the possibility of Legionella or other bacteria developing in the water systems. HTM 01-05 recommends flushing the waterlines in between patients but staff were not carrying this out. Within four working days, the practice manager sent us evidence of a blank checklist and told us this would serve as a reminder to all staff to flush the waterlines in

between each patient. A risk assessment had been carried out by an external contractor in April 2015. One of the recommendations was to flush the water outlets in the X-ray room weekly and record this. Staff told us this was being carried out but not documented. The practice manager contacted us a few weeks after our visit to inform us they were now carrying this out. Another recommendation was to monitor and record temperatures at all outlets on an annual basis but this had not been done. Other recommendations were completed and documented. Within four working days, we were sent evidence of the completed temperature checks.

The practice was clean when we inspected and patients confirmed this was usual.

We reviewed a selection of staff files and saw evidence that clinical staff were immunised against Hepatitis B to ensure the safety of patients and staff. However, further information was required from two staff member's occupational health physicians to ensure that they had adequately responded to the immunisation. The practice manager told us that the relevant staff members had appointments booked in June to confirm this.

## **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 for prescribing, dispensing and storing medicines. However, an incident took place in December 2016 involving the medicines. We were told this had been investigated but it had not been documented.

## **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. However, some improvements were required. Information was displayed in the X-ray room but this was dated May 2019. This was subsequently corrected once we brought it to the attention of the practice manager. A radiation protection advisor visited the practice in 2015 and made some formal recommendations. One of these had not yet been carried out and involved movement of the isolator switch in the vicinity of the X-ray

## Are services safe?

equipment. The practice manager informed us that will require re-wiring and they will arrange for this to take place when their budget allows. We were not provided with a date of completion for this action.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year 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 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. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

Employed staff that were new to the practice had a period of induction based on a structured induction programme. However, the practice manager informed us that this was

not documented for the dentists as they were self-employed. 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.

### Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This 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.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they 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 team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who might 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 calm, reassuring and professional. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. Some patients commented they travelled from afar to visit this practice.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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

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

privacy they would take them into another room. The reception computer screens were not visible to patients 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. They stored paper records securely.

There were magazines in the waiting room for patients.

### **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.

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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. 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 made reasonable adjustments for patients with disabilities. These included step free access but there was no hearing induction loop or information in Braille/ magnifying glass. We were told that none of the existing patients had visual or hearing impairments. An accessible toilet was also available with hand rails; however, there was no emergency pull cord. Staff had carried out an audit on disability access and had identified this was required. They told us they planned to have one fitted in the near future.

Staff said they could provide information in different languages to meet individual patients' needs. They did not have access to interpreter services (including British Sign Language and braille). Some of the staff were fluent in languages such as Romanian, Albanian, Greek and Serbian.

### 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 a few 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 reception area had information that explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager 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 not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the past 18 months. These 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

### **Governance arrangements**

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The two practice managers were responsible for the day to day running of the service. 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.

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

### **Leadership, openness and transparency**

Not all staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. However, there was a policy present and the practice manager told us that staff worked alongside its principles. Within four working days, the practice manager sent us evidence that staff had signed and dated the policy to declare their understanding.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. These were held every 3-6 months with staff from the principal dentist's other locations. Immediate discussions were arranged to share urgent information.

### **Learning and improvement**

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

The dentist we spoke with 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.

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**

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We were told that feedback from patients was very positive and staff were unable to share any examples of suggestions made that the practice had acted on.