

Boldmere Dental Practice Limited

Boldmere Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 9 May 2017 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 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

Boldmere Dental Practice is in Sutton Coldfield and provides private dental treatment to patients of all ages.

There is ramped access for people who use wheelchairs and pushchairs. On street parking is available near the practice as well as a nearby private car park, which includes spaces for patients with disabled badges.

The dental team includes two dentists, four qualified and one trainee dental nurse, two dental hygienists, one dental hygienist therapist, a practice/business manager and a receptionist. The practice has three 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. The registered manager at Boldmere Dental Practice was the principal dentist.

On the day of inspection we collected thirteen CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, the receptionist and the practice/business manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Wednesday and Thursday 8.30am to 5.30pm, Tuesday 8.30am to 8.30pm, Friday 8.30am to 2.30pm and one Saturday each month from 9.00am to 12.30pm.

Our key findings were:

- The practice was clean and well maintained.
- 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 practice had recently amended their staff recruitment procedures to ensure all required information was obtained prior to employment.
- 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. Patients were able to book appointments on line via the practice website.
- 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:

Consider arrangements for patients with hearing difficulties.

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 incidents and 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 the practice completed essential recruitment checks.

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

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 high quality and sympathetic. 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 nine people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring and kind. They said that they were given detailed explanations about dental treatment, and said their dentist took their time, listened to them and answered any questions that they had. 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



Are services responsive to people's needs?

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

No action



Summary of findings

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 had access to telephone interpreter services but had limited arrangements in place 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.

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. Staff knew about these and understood their role in the process. These policies were available on the practice's computer desktop. Policies contained links to useful information and documentation. For example the on-line form to report any reportable accidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. We saw that the practice did not keep a log of incidents and significant events and reporting forms were not stored together, it was therefore difficult to identify any trends or audit this information.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We were told that relevant alerts were discussed with clinical staff and then disposed of. The practice did not store any relevant alerts for future reference.

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, reporting and dealing with suspected abuse. We saw that although contact details were available to enable staff to report suspicions of abuse, these were not recorded on the practice's child protection policy. Contact details were recorded on the adult safeguarding policy. We were told that the child protection policy would be updated to include this information. 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 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 detailed 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. The practice's medical emergencies policy contained useful links to the Resuscitation Council Guidelines and the British National Formulary Guidance. This enabled staff to be kept up to date with the latest information.

Emergency equipment and medicines were available as described in recognised guidance. We saw that one emergency medicine had passed its expiry date and a new supply had been ordered. Staff kept records of their checks to make sure emergency equipment and medicines were available, within their expiry date, and in working order. We saw that these checks had been completed on a monthly basis. However the practice had identified that these checks should be completed on a weekly basis and we were told that weekly checks were being implemented. We noted that there was no signage on the door of the room to identify that oxygen was being stored in the room.

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 three staff recruitment files. We saw that the practice had not provided evidence of satisfactory performance in previous employment, for example in the form of written references. We were told that the three staff that had been employed at the practice within the last four years had been recommended to them and therefore the practice had received verbal references. However, following a review of recruitment procedures the practice had amended their recruitment policy to include the requesting of written references for all future staff to be employed at the practice.



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'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. Risk assessments were available to staff on the practice's computer desktop. The practice had a fire risk assessment and was completing six monthly fire drills. Issues identified during these fire drills and learning was recorded and discussed with staff to try and ensure issues were addressed. 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, dental hygienists and dental therapists 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. A copy of the policy was available to staff on the computer desktop and was on display in the decontamination room. Staff completed infection prevention and control training every 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 achieved an overall score of 93% with some issues for action. We were told that issues had been addressed and the next infection prevention and control audit was scheduled for 15 May 2017.

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 actions identified in the risk assessment had been acted upon.

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

Equipment and medicines

We saw servicing documentation for the equipment used this included sterilisers and X-ray machines. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines. However we saw that not all local anaesthetic cartridges were stored in blister packs, some were seen loose in drawers.

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

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. For example copies of the local rules and current maintenance logs.

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. The date of the last audit was October 2016. This audit had been reported on and action plans were available.

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. For example records seen demonstrated that following discussions and update of medical history records an examination of the patient's teeth, gums and soft tissues was completed in line with recognised guidance from the Faculty of General Dental Practice (FGDP). During this assessment dentists looked for any signs of mouth cancer. Details of the condition of the teeth and the gums using the basic periodontal examination (BPE) scores were recorded.

We were told patients were recalled on an individual risk based assessment in line with current guidance. This took into account the likelihood of the patient experiencing dental disease.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The last audit was completed in March 2017. This audit had been reported on and action plans were available. The next audit was scheduled to take place in March 2018.

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 some free samples of toothpaste and had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Oral health promotion information was displayed on the television in the waiting room. The practice's website contained information regarding oral health and specific dental treatments.

Staffing

We were told that staff new to the practice had a period of induction based on a structured induction programme. However the practice did not keep documentary evidence to demonstrate this. The practice had identified this as an issue for action and a timescale had been set in which induction documentation should be developed. We were told that documentation was in the process of being developed to ensure that documentary evidence of induction was available for all staff employed in the future. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

We saw that staff were allocated tasks at the beginning of each year. Progress was reviewed on a six monthly basis and an annual appraisal was held. Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and personal development plans.

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. 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. 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. 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 dentists were aware of the need to consider this when treating young

No action



Are services effective?

(for example, treatment is effective)

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, thoughtful and courteous. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

The receptionist told us that they spent time chatting to anxious patients to try and put them at their ease. Nervous patients said staff were compassionate and understanding.

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 the treatment co-ordinator's 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.

Music was currently not played in the treatment rooms but we were told that a licence was going to be purchased and music would be played in the very near future. Following this inspection we were informed that a music licence was purchased on 17th May. There were magazines and a television in the ground floor waiting room. Televisions in treatment rooms displayed relaxing images for patients to view whilst having dental treatment. We were told that patients were able to choose the type of images such as scenery or wildlife. Plans were in place to enable patients to watch television/films whilst having treatment and we were told that this would be implemented in the very near future. The practice provided drinking water in the

reception area. Tea and coffee was offered to patients if there was a delay in being seen or for those who were extremely nervous, this was provided these patients were allowed to have a warm drink prior to their treatment.

Information folders were available for patients to read in the waiting areas. These contained information such as complaints, data protection and safeguarding policies, practice information and details of staff including their picture and professional registration details.

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. Following this discussion with the dentist, patients would also speak with the treatment co-ordinator who would further explain treatments, options, risks, benefits and costs. The treatment co-ordinator's room also had study models and examples of treatments, for example dentures and orthodontic braces available to show patients.

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 orthodontics, implants and veneers.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients regarding orthodontic treatment.



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 were able to book appointments on line, booking the specific dentist, day and time for their appointment. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. We were told that when the telephone was engaged patients were able to leave an answer phone message and staff would call them back.

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

Staff told us that they telephoned some patients who had memory difficulty in the morning to remind them of their appointment on that day. Patients were also reminded by email three weeks and then again one week before their appointment and by text two days before their appointment. These reminders were automatically generated by the practice's computer software. Patients could opt out of receiving these reminders if they wished.

Promoting equality

The practice had made some adjustments for patients with disabilities and had plans to make other adjustments in the near future. Entrance to the front of the practice was via a ramp and there was a ground floor treatment room. However, currently the practice did not provide a hearing loop and the main patient toilet was on the first floor of the practice.

Staff were unsure if they were able to provide information in different formats and languages as this had not been requested previously. They had access to interpreter

services but this had not been used at the practice. We were told that although a hearing loop was not available alternative methods were used to communicate with patients who had hearing difficulties.

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 some appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The website, information leaflet 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 practice information leaflet 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 receptionist told us they aimed to settle complaints in-house and patients were invited to speak with the practice manager in person to discuss these. A copy of the complaint policy was available in the information folder in each waiting area. 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 within the last 12 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 practice/business manager was 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. All policies, procedures and risk assessments were available to staff on computer desktops. Policies contained useful links to relevant guidance documents and other information. Policies were reviewed on an annual basis.

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. All staff had been given a copy of the practice's Duty of Candour information and training was planned for staff regarding this.

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 principal dentist and practice manager were approachable, would listen to their concerns and act appropriately. The principal dentist and 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 both monthly and weekly meetings. Monthly meetings were used for training and to discuss clinical and non-clinical updates. Weekly meetings were used for immediate discussions, to share urgent information and for staff to raise any concerns. Minutes of these meetings were kept and available to all staff on the computer desktop. Staff were able to include items for discussion at these meetings and staff we spoke with confirmed that they regularly added items to the agenda.

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 principal dentist and registered manager 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 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. We saw evidence that the practice were monitoring the amount of mandatory training undertaken by staff to ensure that they met General Dental Council continuous professional development requirements. 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, verbal comments and testimonials completed by patients to obtain patients' views about the service. Patients were able to leave comments on the practice's website or on the ipad which was available at the practice. We saw examples of suggestions from patients/staff the practice had acted on. For example patients had requested that music be played in treatment rooms. We were told that a licence had recently been purchased to enable the practice to do this. Patients had also requested toys for children in the waiting room and an easily cleanable magnetic whiteboard with magnets had been made available. Patients had recently identified difficulties in getting an appointment at a time that suited them. The associate dentist had recently extended his working hours at the practice and a new hygienist was employed.

The practice had also completed specific surveys, for example a survey regarding the practice's website design. This asked patients what they would like to see on the practice's website.