

Boodles Limited

Boodle Dental Surgery

Inspection Report

68 Bradwell Common Boulevard
Bradwell Common
Milton Keynes
MK13 8RN
Tel: 01908 674025
Website: www.dentistmk.co.uk

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Overall summary

We carried out this inspection to follow up on concerns we found at an inspection of this practice on 30 January 2015. At the inspection on 30 January 2015 we found that the practice was not meeting the regulations in relation to safety and suitability of (X-ray) equipment, requirements relating to workers and assessing and monitoring the quality of service provision. After that inspection, the practice wrote to us to say what they would do to meet the relevant regulations.

We undertook this focused inspection on 5 August 2015 to check that the practice had completed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last inspection, by selecting the 'all reports' link for Boodle Dental Surgery on our website at www.cqc.org.uk.

Our findings were:

Are services safe?

We found that this practice was providing safe care 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

Boodle Dental Surgery is a general dental practice in Bradwell Common, Milton Keynes offering private dental treatment to adults and children.

The staff at the practice consist of two dentists who work part-time at this location, a dental nurse and a receptionist. The practice manager divides their time between this practice and another of the provider's locations, Furzton Dental Centre.

The practice does not currently have a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

The practice told us after the inspection they are in the process of submitting an application for a registered manager.

Our key findings were:

- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

Summary of findings

- The practice had systems in place for the safe management of dental radiography.
- There were effective recruitment and selection procedures in place.
- There was an effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.
- The practice had comprehensive and effective quality assurance and risk management structures in place.

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 in place for the safe management of dental radiography. We found the X-ray equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There were effective recruitment and selection procedures in place.

Are services responsive to people's needs?

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

There was an effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.

Are services well-led?

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

The practice had comprehensive and effective clinical governance and risk management structures in place. Staff told us the management team were always approachable and the culture within the practice was open and transparent. All staff were aware of the practice ethos and philosophy and told us they felt well supported and could raise any concerns with the provider if needed. Staff told us they enjoyed working at the practice and would recommend it to a family member or friends.

Boodle Dental Surgery

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Boodle Dental Surgery on 5 August 2015. This inspection was carried out to check that improvements planned by the practice after our responsive inspection on 30 January 2015 had been made. We inspected the practice against three of the five questions we ask about services: is the service safe, responsive and well-led. This is because the service was not meeting some legal requirements.

The inspection was carried out on 5 August 2015 by an inspector and a dental specialist advisor. On the day of our inspection we looked at practice policies and protocols, dental care records and other records relating to the management of the service. We spoke to a practice manager, the provider's head dental nurse and a receptionist.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Since our last inspection, the practice had established a process for reporting and learning from significant events. For example, it had been noted that the dental light could become quite warm if it was left on for long periods of time. Actions had been taken to reduce the risk of injury to staff when cleaning the light. This included ensuring the light was switched off when not in use and warning staff to take extra care as the light could still be warm.

This process was comprehensive and demonstrated to us the practice encouraged openness and candour in order to highlight where actions may be needed to ensure staff and patient safety.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for three staff members. Each file contained evidence that satisfied the requirements of relevant legislation. This included application forms, employment history, evidence of qualifications and photographic evidence of the employee's identification and eligibility to work in the United Kingdom. The qualification, skills and experience of each employee had been fully considered as part of the interview process.

Appropriate checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. The Disclosure and

Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire. Fire marshals had been appointed, fire extinguishers had been recently serviced and staff were able to demonstrate to us they knew how to respond in the event of a fire.

The practice had a risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice.

Radiography (X-rays)

We were shown a well maintained radiation protection file which had been put into place since the previous inspection and was in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. At this location a named dentist working at the practice acted as the Radiation Protection Supervisor.

Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of 3 years. The file also contained an IRMER training certificate for the RPS which had been provided and issued by the newly Radiation protection Advisor.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Concerns and complaints

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.

Information for patients about how to make a complaint was available in the practice waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice team discussed any complaints received in order to learn and improve the quality of service provided.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the practice were developed through a process of continual learning. It was clear to us staff had worked hard both as a practice team and more widely as part of the Boodles group to address the concerns raised at our last inspection and embrace the changes which had been made. The practice held regular staff meetings in order to share new information and discuss ways in which the service could be improved. Staff told us they felt confident to make suggestions which were always listened to.

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the provider without fear of discrimination. All staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff felt very well supported by the practice management team.

Since our previous inspection, the provider had employed a second practice manager for the group. This meant there were now two practice managers sharing responsibility for the provider's five locations.

The practice does not currently have a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

The practice told us after the inspection they are in the process of submitting an application for a registered manager.

Management lead through learning and improvement

Since our previous inspection, the lead dental nurse had established a dedicated audit file containing a comprehensive programme of clinical audit. At the front of each file was a contents page which gave a list of the areas monitored. The file had been divided into colour coordinated sections with each colour designated to a particular time interval; red for monthly audits, yellow for six monthly, green for three monthly and blue yearly audits. Examples of audits included record keeping, patient waiting times and X-ray quality.

We found that at least two complete audit cycles had been carried out for the record keeping and X-ray audits for each dentist. This demonstrated a full process in that where deficiencies had been identified, action plans had been put in place and monitored for completion which had enabled the dentists to improve their performance in these areas.

We noted there were some minor discrepancies in how each dentist had interpreted the X-ray quality grading criteria. We discussed this with the management team who told us they would assess each dentist's knowledge of the quality grading procedure and give further training where necessary to ensure a robust and consistent approach.

A Legionella risk assessment had been carried out at the location by an external company in April 2015. We discussed with the practice management team the need to ensure and record that the suggested recommendations had been carried out. We found water temperature checks had been regularly undertaken.