

Ms. Giso Mobayen

# Minty Pearls Dental Clinic

## Inspection Report

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### Overall summary

We undertook a follow up focused inspection of Minty Pearls Dental Clinic on Friday 12 October 2018. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook an inspection of Minty Pearls Dental Clinic on 3 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well led care in accordance with the relevant regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Minty Pearls Dental Clinic on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the area where improvement was required.

As part of this inspection we asked:

- Is it well-led?

#### **Our findings were:**

#### **Are services well-led?**

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 3 November 2017.

#### **Background**

Minty Pearls Dental Clinic is in (Norbury in the London Borough of Croydon) and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs.

The dental team includes one dentist, one dental nurse and a practice manager (who also provides reception cover). The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with all three staff. We looked at practice policies and procedures and other records about how the service is managed.

#### **Our key findings were:**

- The practice appeared clean and well maintained.

# Summary of findings

- 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 asked staff and patients for feedback about the services they provided.
- The practice had suitable information governance arrangements.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### **Are services well-led?**

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

The provider had made improvements to the management of the service. This included having up to date policies that were filed in an orderly manner and accessible to staff. Risk assessments were being carried out and risks monitored to ensure the safety of patients of staff. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

**No action**



# Are services well-led?

## Our findings

At our previous inspection on 3 November 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection 12 October 2018 we found the practice had made the following improvements to comply with the regulation(s):

- The practice had systems in place to ensure all items of lifesaving equipment and medicines as per current national guidance were available and checked. Staff knew where items were kept.

- The practice had systems in place to help them assess risks. Risk assessments such as fire, health and safety and legionella had been carried out by external companies and there was processes in place for these to be reviewed periodically.
- Infection control guidance was being followed. There was a decontamination area that conformed with guidance.
- There were systems in place to receive and analyse feedback from patients about the quality of the service.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 12 October 2018.