Peppermint Dental Centre Limited

Peppermint Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 14 June 2016 to ask the practice the following key questions; are services safe, effective, caring, responsive and well-led?

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

Peppermint Dental Centre offers a range of services including general dentistry, implants and cosmetic surgery to privately paying patients. It also provides oral surgery and conscious sedation to patients referred and funded by the NHS.

The practice consists of two principal dentists, two associate dentists, three visiting oral surgeons, a hygienist and six dental nurses. They are supported by a practice manager and receptionist.

The practice opens Monday to Friday from 8.30 am to 5.30pm, on some Saturdays by appointment.

The practice manager is the registered manager for the service. 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.

We spoke with three patients during our inspection and also received 25 comments cards that had been completed by patients prior to our inspection. We received many positive comments about the practice's modern and clean facilities, and the staff's skills and caring attitude.

Our key findings were:

Summary of findings

- We received consistently good feedback from patients about the quality of the practice's staff and the effectiveness of their treatment.
- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Premises and equipment were clean, secure, properly maintained and kept in accordance with current legislation and guidance.
- There were sufficient numbers of suitably qualified and competent staff. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- Patients said they were treated with respect staff and were involved in decisions about their treatment.
- The practice provided a good range of dental services to meet patients' needs, including dental implants, cosmetic dentistry and conscious sedation.
- Patients said they found it easy to make an appointment with urgent appointments available the same day. They also reported it was easy to get through to the practice on the phone.
- There was a clear leadership structure and staff felt supported by management. Staff enjoyed their work citing good team work, support and training as the reason.

There were areas where the provider could make improvements and should:

- Review governance systems to assess, monitor and improve safety in relation to incident reporting, medicines management, stock control, fire, the storage of cleaning materials and safeguarding.
- Review the practice's protocols for the use of rubber dams for root canal treatment giving due regard to guidelines issued by the British Endodontic Society
- Review the practice's sharps handling procedures and protocols to ensure they are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's protocols for conscious sedation, giving due regard to the Department of Health (England) guidance document,' Conscious sedation in the provision of dental care 2003'.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's audit protocols of various aspects of the service, such as radiography and dental care records to help improve the quality of service.

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 carried out and reviewed risk assessments to identify and manage risks to both patients and staff, however a fire risk assessment was not available and staff did not carry out regular fire drills.

Sufficient quantities of equipment were available to meet patients' needs and a full range medical emergency response equipment was available. Medicines in use at the practice were checked to ensure they did not go beyond their expiry dates, however the temperature in which they were kept was not monitored robustly.

The practice responded to national patients safety alerts, however there were no system in place to record, monitor and manage serious incidents. Not all staff had a clear understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) requirements.

Recruitment procedures were robust and ensured only suitable staff were employed.

Are services effective?

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

The practice kept dental care records of the treatment carried out and monitored any changes in patients' oral health. Dental care records showed that patients were recalled in line with national guidance, and were screened appropriately for gum disease and oral cancer.

Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals for most members of staff, however it was not clear how the performance of the associate dentists and vising professionals was monitored and assessed.

Clinical audits were completed to ensure patients received effective and safe care, but some were limited in scope.

Are services caring?

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

Patients spoke highly of the dental treatment they received, and of the caring and empathetic nature of the practice's staff. Patients told us they were involved in decisions about their treatment, and didn't feel rushed in their appointments. Patient information and data was handled confidentially.

Are services responsive to people's needs?

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

The practice provided a wide range of services to meet patients' needs. Routine dental appointments were readily available, as were urgent on the day appointment slots. Patients told us it was easy to get an appointment with the practice. The practice had made some adjustments to accommodate patients with a disability.

Information about how to complain was available and the practice responded appropriately to issues raised.

Are services well-led?

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

Summary of findings

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern its activity and held regular staff meetings. Staff were well supported and told us that it was a good place to work. The practice sought feedback from its patients and staff which it acted on. However, governance procedures were not sufficiently effective in relation to the oversight and management of some safety issues.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

The inspection took place on 14 June 2016 and was conducted by a CQC inspector and a dental specialist advisor.

During the inspection we spoke with two dentists, a hygienist, and two dental nurses. We also spoke with three patients and received feedback from another 25 patients about the quality of the service from comment cards they had completed prior to our inspection. We observed one patient consultation, reviewed policies, procedures and other documents relating to the management of the service.

We informed NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice proactively responded to national safety alerts, which were emailed to the practice manager and stored in a specific file for staff to read. We saw evidence that where needed, actions from the alerts had been implemented by staff to ensure the safety of patients.

An accident book was easily available to staff for them to record any accidents, however entries lacked detail and there was no record of any follow up action taken in response to incidents. For example, we read an incident in relation to a sharps injury: there were no details as to whether or not the person had been injured by a clean or dirty instrument and if occupational health services had been contacted. Not all staff we spoke with were aware of their responsibilities to report appropriate incidents in line with RIDDOR requirements (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). There was no specific log where details of significant events or incidents were recorded, and no evidence that learning from incidents was routinely shared with staff at meetings.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. Policies were available to all staff, and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. Staff had received appropriate training in safeguarding patients and were aware of the different types of abuse a vulnerable adult could face. However not all staff were aware of the external agencies involved in protecting patients.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. However not all dentists we spoke with used rubber dams routinely as recommended by guidance.

Medical emergencies

The practice had arrangements in place to manage emergencies and records showed that all staff had received training in basic life support. Emergency equipment, including oxygen and an automated external defibrillator was available . Records we viewed confirmed that it was checked daily by staff. Medicines were available to deal with a range of emergencies including angina, asthma, chest pain and epilepsy and specific 'grab bags' had been created for each type of emergency, giving staff rapid access to the appropriate medicines. All medicines were checked daily to ensure they within date for safe use. One trainee dental nurse told us the principal dentist often tested her knowledge on how she would respond to various medical emergencies.

Staff recruitment

We reviewed three staff recruitment files and found that appropriate checks had been undertaken for staff prior to their employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). Notes from interviews were kept and each candidate was assessed and scored against set criteria. Detailed job descriptions were available for all roles within the practice and staff received a handbook outlining the practice's personnel policies and procedures.

Monitoring health & safety and responding to risks

There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives.

We viewed a comprehensive practice risk assessment which covered a wide range of identified hazards, and the control measures that had been put in place to reduce the risks to patients and staff. Risk assessments for trainee dental nurses, and new and expectant mothers had also been completed to ensure their safety.

A legionella risk assessment had been carried out in 2014 and there was regular monitoring of water temperatures at sentinel points to ensure they were at the correct level. Dip slide tests were completed every three months and regular flushing of the water lines was carried out in accordance with current guidelines to reduce the risk of legionella bacteria forming. There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice.

Are services safe?

Fire detection and firefighting equipment such as extinguishers were regularly tested, and we saw records to demonstrate this**.** However, full fire evacuations were not practiced regularly to ensure staff knew what to do in the event of the alarm sounding. Although staff assured us that a fire risk assessment had been completed, it could not be found on the day of our inspection.

We saw that sharps bins were securely attached to the wall in treatment rooms and the decontamination room to ensure their safety. However, the practice had not minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) and was not using a sharps safety system which allowed staff to discard needles without the need to re-sheath them.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

We observed that all areas of the practice were visibly clean and hygienic, including the waiting area, corridors and treatment rooms. Toilets were clean and contained liquid soap and hand towels so that people could wash their hands hygienically. Easy clean flooring was in place throughout the building and medical grade vinyl flooring was in treatment rooms. We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. There were foot operated bins and personal protective equipment available to reduce the risk of cross infection. However we noted some loose and uncovered items in drawers such as sucker and triple syringe tips. These were within the splatter zone, and therefore risked becoming contaminated over time. We also found mops that had been stored head down whilst damp, and not in an upright position so that they could be air dried effectively.

We noted good infection control procedures during the patient consultation we observed. The dentist disinfected her hands prior to examination; staff uniforms were clean, long hair was tied back and staff's arms were bare below the elbows to reduce the risk of cross infection. We saw that both the dentist and dental nurse wore appropriate personal protective equipment and the patient was given eye protection to wear during their treatment. We viewed the dental nurse wiping down all areas where there had been patient contact, following the consultation.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices.

On the day of our inspection, a lead dental nurse demonstrated the decontamination process to us and used the correct procedures. The practice used a washer disinfector for the initial cleaning process, and instruments were kept moist until ready to be processed. Following inspection with an illuminated magnifier, instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When instruments had been sterilized, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. We observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date. Weekly protein residue tests were carried out.

The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Clinical waste was stored safely prior to removal in locked bins, inside a locked gate, outside the building.

All dental staff had been immunised against Hepatitis B.

Equipment and medicines

Staff told us they had suitable equipment to enable them to carry out their work, and any repairs or replacements were actioned swiftly. Two staff told us the practice used state of the art sterilising equipment which was not available in other practices they had worked at previously.

We viewed evidence which showed the practice complied with relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority and through the Central Alerting System.

The equipment used for sterilising instruments was checked, maintained and serviced in line with the

Are services safe?

manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. However we found a number of out of date medical consumables in the practice's stock room.

The temperature of the fridge where temperature sensitive medicines were stored was monitored each day, however records we viewed showed that the temperature had not been within the recommended safe range on at least 12 occasions in the previous three months. No action had been taken by staff to address this. The temperature of the cupboard where medicines were kept was not monitored to ensure it did not go above the recommended temperature of 25 degrees, and we noted the room was very warm.

Our review of dental care records showed that the batch numbers and expiry dates for local anaesthetics given to patients were always recorded. During our observation of a patient consultation, we noted the dentist discussed in some depth the possible effects on oral health of a medicine the patient was taking at the time.

There was a system in place to monitor and track blank prescription forms through the practice, however there were no patient group directions in place for the direct access dental hygienist to ensure she could administer medicines in line with legislation.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced.

A Radiation Protection Advisor and Radiation Protection Supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the radiation protection folder for staff to reference if needed. Those staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. Rectangular collimation was used to confine x-ray beams.

Dental care records demonstrated the justification for taking X-rays, as well as a report on the X-rays findings and its grade. This protected patients who required X-rays as part of their treatment.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. We viewed about 20 sets of dental care records that contained a written patient medical history which was updated regularly. The records demonstrated that National Institute of Clinical Excellence (NICE) guidance was followed for patients' recall frequency and that that routine dental examinations for gum disease and oral cancer had taken place.

We viewed a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. These included an NHS patient referrals audit, the quality of dental radiographs and infection control. However the infection control audit was only completed annually and not every six months as recommended; the radiograph audit was limited in scope and no audits of the quality of patients' dental care records were completed.

The practice carried out conscious sedation for very nervous patients (these are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation). There were comprehensive sedation policies and protocols in place and staff were aware, and had copies, of the most recent guidance published in 2015.

The premises were fit for sedation purposes and the treatment and recovery rooms were of adequate size for the management of emergencies. Records we viewed showed that full assessments of patients' health and suitability for the procedure were undertaken, and their signed consent was obtained prior to the procedure.

Each patient was attended to by at least two staff members during the sedation, including the sedationist and dentist. Patients were carefully monitored throughout the procedure, however their oxygen saturation levels and blood pressure were only recorded at the start and end of the procedure, rather than at appropriate intervals throughout as recommended by the Department of Health's (England) guidance document, 'Conscious sedation in the provision of dental care 2003'.

Appropriate equipment was available to undertake the procedure and a scavenging system was in place to protect staff and remove excess nitrous oxide. Medication was available to reverse the effects of the sedative if needed.

Following the procedure, patients recovered in a separate room. However, there was only intermittent oversight of them by the nurse or dentist, both of whom might be treating another patient at the same time. Guidance advises that the patient should be continuously monitored until fully recovered. No formal audit of the practice's sedation procedures was carried out as recommended by the guidance.

Health promotion & prevention

A number of oral health care products were available for sale to patients on site including interdental brushes, toothpaste and mouthwash. Children who attended the practice received a 'goody bag' which contained a toothbrush, a timer for brushing, as well as a key ring, pencil and balloon. Staff told us that children loved these bags and they provided a useful medium to promote good tooth brushing and general oral hygiene. One of the dentists told us she regularly visited a local primary school to talk to pupils about diet, tooth brushing and oral health.

Some staff had undertaken training in alcohol misuse and oral health. The hygienist told us she always discussed the effect of smoking on gum health with patients. However, we found that there was limited staff awareness and promotion of local facilities available to assist patients with smoking cessation and no advice leaflets were available to give to them.

Staffing

Staff told us there were enough of them to maintain the smooth running of the practice and a dental nurse always worked with each dentist and the hygienist.

Staff files we viewed demonstrated that they were appropriately qualified, trained had current professional validation and professional indemnity insurance. Both principal dentists had extensive experience in oral surgery, sedation and the treatment of nervous patients in local hospitals. One nurse was a qualified dental nurse assessor and the practice manager had undertaken a level 5 advanced management course.

The practice had appropriate Employer's Liability in place.

Are services effective?

(for example, treatment is effective)

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves. Referrals for suspected oral cancer were always faxed immediately and followed up with a phone call. A log of the referrals was kept so they could be followed up if necessary, however patients were not offered a copy for their information.

Consent to care and treatment

Patients we spoke with told us that they were provided with good information during their consultation and that they always had the opportunity to ask questions to ensure they understood before agreeing to a particular treatment. They confirmed they received a detailed plan which outlined their agreed treatment and the costs involved.

Both dentists we spoke with described a very careful and thorough process in obtaining patients' consent to their treatment, although this process was not always detailed in the patient dental care record we viewed .Written consent forms were available and we viewed completed forms for a number of procedures including dental extractions, implants and conscious sedations.

Not all clinicians had an adequate understanding of the Mental Capacity Act 2005 (MCA) and its relevance in obtaining consent. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The practice did not have any specific policies in relation to the MCA, and staff records we viewed showed they had not received any training.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 25 completed cards and received many positive comments about the empathetic, caring and supportive nature of the practice's staff. Three people told us that staff understood their nervousness about dental treatment and dealt with it well.

We spent time in the reception area and observed a number of interactions between the receptionist and patients coming into the practice. The receptionist remained polite, patient and professional despite the practice being very busy with constant telephone calls and patients checking in for their appointments and wanting to pay for treatment.

All consultations were carried out in the privacy of the treatment rooms and we noted that treatment room doors were closed during procedures. However individual privacy in the recovery room was compromised as it could accommodate two patients at the same time.

The main reception area itself was not particularly private, and conversations between reception staff and patients could be easily overheard by those waiting. However, staff assured us they could offer a room to any patient who wanted to speak privately. The computer screen was not overlooked which ensured patients' information could not be seen at the reception desk.

Involvement in decisions about care and treatment

Patients told us that oral health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and didn't feel rushed during consultations.

Patients received written plans which outlined their treatment and its costs. However information leaflets were not regularly used for more complex treatments such as crowns and bridges to help patients understand their treatment and enhance their educated and informed consent.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice offered a range of services in additional to general dentistry including dental implants, conscious sedation, facial acupuncture and teeth whitening. A hygienist was also employed at the practice so patients could access combined check-up and hygiene appointments.

There was no written practice information leaflet available for privately paying patients but patients had access to a helpful website which provided information on the range services offered, the dental team and the practice's opening hours.

Patients we spoke with were satisfied with the appointments system and told us that getting through on the phone was easy. The practice was open Mondays to Fridays from 8.30am to 5.30 pm and some Saturday appointments were also available. Specific emergency slots were available each day to accommodate patients who needed an urgent appointment, or patients could be fitted in between fixed appointments if needed. One patient told us she had received excellent emergency care on Christmas Eve. Patients were able to receive text, letter or email reminders for their appointments.

Tackling inequity and promoting equality

There was a specific disabled car parking spot and the car park had been resurfaced to make it easier for wheel chair users. Access to the practice and all treatment rooms was on the ground floor, with additional wheelchair access via a side door. Patients also had access to an adapted toilet. Information about the practice was not available in any other languages, or formats such as braille or audio, and no portable hearing loop was available to assist patients with hearing impairments.

Concerns & complaints

The practice had a complaints' policy and a procedure that set out how complaints would be addressed, the timeframes for responding and details of the dental complaints service and the General Dental Council. Information about how to complain was available in the patient waiting area.

We viewed paperwork in relation to three recent formal complaints received by the practice. We found they had been investigated fully and a written response had been made to the complainant. In one instance a full refund with compensation had been offered appropriately.

Are services well-led?

Our findings

Governance arrangements

The two principal dentists took responsibility for the overall leadership in the practice, supported by a practice manager. There was a clear staffing structure and staff we spoke with were aware of their own roles and responsibilities. For example, there were lead dental nurses who had additional responsibility for ordering supplies and supervising trainee and new dental nurses to the practice. However we found that oversight of some areas such as incident reporting, stock control, fire safety, the storage of cleaning materials and medicines management was not fully effective.

There was a full range of policies and protocols in use at the practice. These were wide ranging and covered amongst other things, data protection, safeguarding people, freedom of information, whistle blowing, the duty of candour and staff absence reporting . However there were no policies in place for some key areas such as incident reporting and the Mental Capacity Act to provide guidance for staff.

Communication across the practice was structured around a monthly meeting involving all staff, and additional meetings for nurses. Staff told us these meetings were useful and they were encouraged to submit their agenda items on a white board prior to the meeting. The times and days of these meetings were varied so that part-time staff could be accommodated. We viewed recent minutes of these meetings which were detailed and shared with all staff.

Most staff received regular appraisal of their performance, which included an assessment of their skills, motivation, knowledge and time management. However there was no formal system in place to monitor the performance of the associate dentists or visiting specialists.

Leadership, openness and transparency

Staff clearly enjoyed their work citing good team work, support and access to training as the reason. Staff told us that there was an open culture within the practice and they had the opportunity to raise their ideas. They reported that the principal dentists were very approachable. and they had felt able to raise concerns about a colleague's practice with them.

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

Surveys were undertaken to give patients the opportunity to give feedback and influence how the service was run. The last survey was undertaken in 2014 and had been completed by 99 patients, asking them to rate the helpfulness of reception staff, the quality of care by the dentist, and the environment. In response to patients' comments, the practice had resurfaced its car park to make it more accessible.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, and gave us specific examples where they had done so. Staff told us they felt involved and engaged to improve how the practice was run. For example, one staff member had suggested dedicated administration time to manage the many hospital referrals and appointments and this had been implemented.