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The Mindful Dentist

Inspection Report

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Overall summary

We carried out this announced inspection on 29 May 2019 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 Care Quality Commission (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

The Mindful Dentist is in Crystal Palace, London. The practice provides private treatment to adults and children.

There is level access via a ramp for people who use wheelchairs and those with pushchairs. Restricted car parking spaces, including those for blue badge holders, are available near the practice.

The dental team includes three dentists, two qualified dental nurses who also undertake receptionist duties, a practice manager and a receptionist. The practice has a treatment room.

Summary of findings

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.

On the day of inspection, we obtained feedback from nine patients.

During the inspection we spoke with the principal dentist and a dental nurse. We checked practice policies and procedures and other records about how the service is managed.

The practice is open at the following times:

Monday to Friday - 9am to 5pm

Saturday - By appointment only

Our key findings were:

- The practice appeared clean and well maintained.
- The provider 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 risks to patients and staff.
- 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.
- Improvements were required to ensure key background checks for new staff were undertaken, and to ensure a member of staff completed safeguarding vulnerable adults training.

There were areas where the provider could make improvements. They should:

- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).
- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.

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.

Most staff had received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice.

The practice could make improvements to ensure they completed essential recruitment checks for all staff prior to them commencing work at the practice.

The 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 excellent. Patients said they would recommend the practice to others and told us the environment was welcoming.

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 provider could make improvements to ensure they implemented an effective system for monitoring staff training.

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 welcoming, professional, caring, thoughtful and respectful. They told us that communication with the staff felt very relaxed and that they were treated with dignity.

They said that they were given clear and constructive advice about their dental care, and said their dentist listened to them. Patients who told us they were nervous about visiting the dentist commented that the staff made them feel at ease. They told us the staff gave lots of consideration for their well-being.

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 took account of patients' needs. Patients could get an appointment quickly if they were experiencing dental pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to interpreting services and had 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 typed and stored securely.

The provider 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 the patients and staff.

No action



Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

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.

Most staff had received training in safeguarding children and vulnerable adults. There was a lack of evidence of safeguarding adults training for a member of staff.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the Care Quality Commission (CQC).

The practice had a system to highlight vulnerable patients on their records e.g. adults and children where there were safeguarding concerns, people with enhanced learning needs or a mental health condition, or those who required other support such as with mobility or communication.

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. We checked recruitment records for all the staff which showed the practice had undertaken key background checks for most staff. However, there was a lack of documented evidence to show that the provider had sought assurances of the suitable conduct in previous employment for some staff members; this was not in line with the relevant legislation.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The practice ensured that the facilities and equipment were safe, and that equipment was maintained according to the manufacturers' instructions, including electrical appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested. Firefighting equipment was regularly serviced.

The practice had arrangements to ensure the safety of the radiography equipment. They had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

We checked the practice's arrangements for safe dental care and treatment.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk.

The practice had current employer's liability insurance.

A sharps risk assessment had been undertaken by a member of staff but could be improved to make it clear what the risks were, people at risk and the measures in place to minimise the risks. They made improvements shortly after the inspection by ensuring sharps collection bins were wall-mounted to minimise the risk of accidental injuries.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and they had checked the effectiveness of the vaccinations.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of all the medicines and equipment to make sure these were available, within their expiry date, and in working order.

Are services safe?

A dental nurse worked with the dentists when they treated patients in line with the General Dental Council's Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed all equipment used by staff for cleaning and sterilising instruments was maintained, validated and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

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 recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice appeared visibly clean when we inspected it.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried had undertaken their first infection prevention and control audit in May 2019 since they became registered with the CQC in 2018. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We checked a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, kept securely, and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Track record on safety, lessons learned and improvements

The practice documented, investigated and reviewed incidents. They discussed incidents with the rest of the dental practice team to prevent such occurrences happening again in the future. This helped them understand risks and gave a clear, accurate and current picture that led to safety improvements.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient, equipment and medicine safety alerts, shared with the team and acted upon them if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep the dentists up to date with current evidence-based practice. The dentists assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by a visiting dentist who had undergone appropriate post-graduate training in this speciality.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste or varnish if a patient's risk of tooth decay indicated this would help them.

The dentists, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice; they could also be referred to appropriate specialists.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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 had a policy which 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. They also had a policy which referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

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.

The practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured programme. We confirmed that most clinical staff had completed the continuing professional development required for their registration with the General Dental Council. However, there was a lack of evidence of safeguarding children training for a member of staff. The provider could make improvements by implementing an effective system for monitoring staff training.

Staff discussed their training needs during informal discussions, appraisals and clinical supervision. We saw evidence of completed appraisals for employed staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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

Are services effective?

(for example, treatment is effective)

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. They were aware of their responsibility to respect people's diversity and human rights. They were friendly towards patients over the telephone.

We received feedback from nine patients. They commented positively that staff were welcoming, professional, caring, thoughtful and respectful. They told us that communication with the staff felt very relaxed and that they were treated with dignity.

Patients who shared with us their anxieties about visiting the dentist told us staff made them feel reassured and at ease.

Information leaflets about the practice's policies were available for patients to read in the waiting area.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. If a patient asked for more privacy, staff told us they would take them into another room. The computer screen at the reception desk was not visible to patients, and staff did not leave patients' 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.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of requirements under the Equality Act.

Interpreting services were available for patients who did not use English as a first language. Staff communicated with patients in a way that they could understand, and communication aids were available.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The 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.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, models and radiograph images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

The practice had made adjustments for patients with disabilities. These included step-free access and an accessible toilet with hand rails and a call bell. They described how they would support patients that had difficulties with their hearing or sight and told us they could arrange for British Sign Language interpreting, if needed.

A disability access audit had been completed to identify how the practice could continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed.

The practice's answerphone provided contact information for patients needing emergency dental treatment when the practice was not open.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. There was also information available to patients about how to make a complaint. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

The principal dentist was responsible for dealing with complaints. They told us they aimed to settle complaints in-house.

We checked three complaints the practice received in the last 12 months; they 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

Leadership capacity and capability

The principal dentist prioritised compassionate and inclusive leadership. Staff told us they were visible and approachable.

Vision and strategy

There was a clear vision and set of values. These included providing patient-focused, wholistic care to people with an emphasis of making dental care accessible to young children and improving their dental health outcomes.

Culture

The practice had an open culture that was focused on team working and well-being. They had processes in place to encourage behaviour that was in line with their culture and values.

Staff stated they felt respected, supported and valued. They appeared proud to work in the practice. They showed openness, honesty and transparency when responding to incidents and complaints. They were aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour.

Staff we spoke with told us that they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They had recently employed the services of a practice manager who was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

The practice told us they valued feedback from their patients and staff.

The provider used verbal comments and online platforms to obtain patients' views about the service. They had acted on feedback from patients by extending the times for tooth scaling and polishing appointments and improving their stock of oral health sundries for sale.

The provider had obtained feedback from their staff during practice meetings and informal discussions. They told us they had responded to feedback from their staff by adding a chair in the treatment room for people accompanying patients, and improving facilities for educating patients on their care and treatment needs.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs 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 showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.