

Mango Tree Dental Limited

Mango Tree Dental

Inspection report

11 Wake Green Road
Moseley
Birmingham
B13 9HB
Tel: 01214490909

Date of inspection visit: 19 September 2023
Date of publication: 09/10/2023

Overall summary

We carried out this announced comprehensive inspection on 19 September 2023 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 practice 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Mango Tree Dental is in Moseley, Birmingham and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 7 dentists, 5 dental nurses, 2 dental hygienists, 1 practice manager and 1 receptionist. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 3 dental nurses and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday from 9am to 5.30pm.

Tuesday from 8am to 6pm.

Wednesday from 9am to 7.45pm.

Thursday from 9am to 6pm.

Friday from 8am to 4.30pm.

Saturday from 8am to 1pm.

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

- Improve and develop staff awareness of autism and learning disabilities and ensure all staff receive appropriate training in this.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

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

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Safeguarding training had been carried out by staff to an appropriate level for their role.

The practice had infection control procedures which reflected published guidance. However, we found the local anaesthetic cartridges had been removed from the blister packaging, compromising their sterility, and there was a small tear on one of the dental chairs.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

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

The practice appeared clean and there was a schedule in place to ensure it was kept clean.

The practice had a recruitment workflow document to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation. Records for recently employed staff we reviewed showed that appropriate checks had been undertaken prior to staff commencing their employment.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. The emergency lighting had been serviced in September 2023 however monthly routine testing had not been carried out since October 2022.

A fire safety risk assessment had been carried out in August 2021 in line with the legal requirements. There was no fire alarm however, risk mitigating measures had been put in place as there was a blow horn available at reception.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. However, the local rules were not practice specific as they did not show equipment information or names of users. This included cone-beam computed tomography (CBCT), laser and handheld X-ray equipment.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps' safety and lone working. We viewed risk assessments which covered a range of potential hazards in the practice and detailed control measures that had been put in place to reduce any risks.

Emergency equipment and medicines were available and checked in accordance with national guidance. Spillage kits for mercury and bodily fluids were found to be out of date. Evidence was seen following the inspection to show these items had been ordered.

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

The practice had risk assessments to minimise the risk that could be caused from substances that were hazardous to health. Safety data information was available for all materials used.

Are services safe?

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out annually.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts which were shared with staff when appropriate.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. However, we found the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) training for 2 dentists were out of date. Updated certification for both dentists was submitted following our inspection.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment. However, the recording of consent obtained in patients clinical records required improving. Staff understood their responsibilities under the Mental Capacity Act 2005.

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 patient care records in line with recognised guidance. We saw that records stated that treatment options had been discussed but did not record the risks and benefits of treatment.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6 monthly following current guidance.

Effective staffing

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

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

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 for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights. Staff described to us some of the ways they enabled nervous patients to access their treatments and the additional measures they implemented to support them, for example, arranging appointments during quieter times of the day or whenever the patients felt more comfortable. We observed staff to be friendly, caring and helpful to patients when speaking with them in person and over the telephone.

Staff provided specific examples of where they had been particularly caring which included assisting elderly patients across the road or to their car.

A staff member supported a charity by visiting Uganda to provide dental treatment. The practice donated toothbrushes and dental materials to the charity.

Patient feedback we reviewed indicated staff were compassionate and understanding when they were in pain, distress or discomfort. They mentioned the friendliness and professionalism of staff and would highly recommend the practice.

Some of the staff had undertaken training in autism and learning disability awareness to increase their understanding of patients with these conditions.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. There were areas where staff could have discussions with patients away from the reception area or waiting area either via telephone calls or face to face.

Staff password protected patients' electronic care records and backed these up to secure storage.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including step free access into the building for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

There was a hearing loop and magnifying glass available at reception to assist patients who required them.

Timely access to services

The practice displayed its opening hours and provided information in their patient information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients were directed to the appropriate out of hours service if necessary.

Patients who needed an urgent appointment were offered one in a timely manner. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's safety and continually striving to improve from the provider and practice manager.

The provider was committed to safety and improvements for patients and staff. Staff worked together in such a way that where the inspection highlighted any issues or omissions, the practice team took action to address them.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff stated they felt respected, supported and enjoyed their work. They described the principal dentist and the practice manager as approachable and understanding if they raised any concerns.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. Communication systems in the practice included an instant messaging application to share key information.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.