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Mint Dental Windermere

Inspection Report

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Overall summary

We carried out this short notice announced inspection on 18 October 2017 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 CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. We did receive information from them which was used to support this inspection. Prior to the inspection we had received some information of concern which was without substance. We reviewed comments about the practices on the NHS Choices web page. We reviewed these causes of concern throughout the inspection and our findings can be found in the main body of the report.

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

Mint Dental is in Windermere Cumbria and provides NHS and private treatment to both adults and children. There are Mint Dental practices in Ambleside and Barrow.

There is level access for people who use wheelchairs and pushchairs. On road car parking is available near the practice but this is time restricted.

Summary of findings

The dental team includes one dentist and one trainee dental nurse. Qualified dental nurses from the sister practices support the dental team. The team is supported by a practice manager who is based in Barrow in Furness. The practice has three treatment rooms. The principal dentist is currently trying to recruit and retain staff for all three practices.

The practice is owned by an individual who is the principal dentist for the three Mint practices. 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 the principal dentist and the trainee dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday – Friday 8.30am – 5.00pm. The practice closes for lunch between 1.00pm and 2.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance. We found these were not always adhered to.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available but these were not stored correctly.
- The practice had limited systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures. We were told there were experiencing difficulties in recruiting and retaining 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's protocols for medicines management and ensure all medicines are dated with their use by date and stored safely and securely.
- Review the current infection control protocols and the Legionella risk assessment and implement the required actions taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Review the protocols for the reporting of and the responding to accidents and incidents which occur within the practice. Staff should be aware of the reporting mechanisms.
- Review the practice's current audit protocols to ensure audits of key aspects of service delivery are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.

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.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

The practice was currently experiencing difficulties in recruiting and retaining staff.

Premises and equipment were clean and properly maintained. The practice had protocols in place which reflected 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 dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients, in feedback to the practice, described the treatment they received as excellent. The dentist 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 practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

The comments we reviewed at NHS Choices and through the practices own feedback system, the majority of patients were positive about all aspects of the service the practice provided. They reported that staff were in the main friendly, efficient and reassuring. They said that they were given helpful and honest explanations about dental treatment. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. We saw the reception provided limited privacy. Patients said staff treated them with dignity and respect.

No action



Summary of findings

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 was efficient and met patients' needs. Patients could usually get an appointment quickly if in pain.

Staff considered patients' different needs. Due to the lay out of the facilities it was difficult for patients with impaired mobility to access the practice and there were no disabled toilet facilities. The practice managed this by discussing patient's needs when they first telephoned the practice. If these could not be met they were referred back to NHS England.

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 but these could be affected by the staff shortages. 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 but felt they were under pressure.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice 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 patients and staff.

We were unable to see all the current audits undertaken in the practice. We could not evidence that learning points were documented and shared with all relevant staff

No action





Are services safe?

Our findings

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. We were shown documentation of accidents and incidents that had occurred within the last 12 months. The practice recorded, responded to, discussed and acted on all incidents and significant events which were recorded to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice did not use a safe sharps system but followed relevant safety guidance when using needles and other sharp dental items. On the day of the inspection we did not see a documented risk assessment to support this. There was no sharps poster in the decontamination room and the staff member we spoke to was unaware of the correct procedure to report a sharp injury.

We were told that the dentists did not always use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. There were no other precautions in place to mitigate risk.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We found some emergency drugs were not kept in the original boxes they were supplied in making it difficult to show when they went out of date. The date sticker had been removed from the bottle of Midazolam so we were unable to verify if it was in or out of date. Glucagon was not stored on the fridge. Staff were unaware of the reduced shelf life of Glucagon if it was not stored in a fridge.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. The principal dentist discussed with us that although they were actively recruiting they were experiencing difficulties in recruiting dentists and dental nurses.

All recruitment files and supporting documentation was kept at the main dental site in Barrow in Furness. We looked at the recruitment file for the trainee dental nurse. This showed the practice followed their recruitment procedure.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

There was control of substances hazardous to health (COSHH) information in the practice. There were risk



Are services safe?

assessments for all chemicals used in the practice but not all were supported with the manufacturer's data sheet. We highlighted this to the principal who agreed to action this immediately.

A dental nurse worked with the dentist when they treated patients. This meets the GDC Standard 6.2: which states that dentists should be appropriately supported when treating patients. The purpose of this requirement is so someone is with the dentist if there is a medical emergency.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. We saw that the nurse working in the practice on the day of the inspection had completed training in infection prevention and control.

The practice had suitable arrangements for transporting, cleaning, and sterilising instruments which was in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

There were system in place for ensuring that bagged instruments were checked to ensure the expiry date had not been reached. A system was in place for the re-sterilisation of un-bagged instruments but we were not shown documentation to show when instruments were last sterilised. We were told that the system was not always adhered to when staff were busy.

The practice had limited procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. We did not see a risk assessment for

Legionella in the practice. The principal dentist explained that this was kept at the Barrow in Furness site. Sentinel taps were being flushed and water temperatures were being tested and recorded. There was no procedure in place for the monitoring of flushing of taps in the surgeries which were used infrequently which could be a risk to patients. Staff in the practice on the day of inspection were unsure of the procedures to flush taps in little used treatment rooms.

We saw cleaning schedules for the premises but there were no records sheets for the cleaner to complete when they had completed the tasks. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

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



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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.

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

Health promotion & prevention

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

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development as a requirement of their registration. Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration and with their professional development.

On the day of the inspection we could not see how the principal dentist or the practice manager monitored training to ensure essential training was completed, or what training other staff had undertaken, as this was managed in the Barrow in Furness practice.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice did not check that urgent referrals had been received or actioned.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The trainee dental nurse told us that the dentist 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's consent policy 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. The policy also referred to Gillick competence and dental nurse was aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, efficient and reassuring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas meant that staff had to be vigilant in maintaining privacy when dealing with patients. Staff told us that if a

patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave 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.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, but on occasions felt rushed throughout the appointment.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Each treatment room had a screen so the dentists could show patients X-ray images when they discussed treatment options.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described mixed levels of satisfaction with the responsive service provided by the practice.

The practice had an appointment system to respond to patients' needs. Staff told us that when a patient requested an urgent appointment they tried to fit them in the same day by double booking appointments. There were no designated emergency appointment slots. Patients told us they sometimes felt rushed during their appointment. Information taken from the NHS Choices website demonstrated that some patients were unhappy about the time they had to wait to be seen. Comments on the CQC cards also highlighted a concern regarding the lateness of appointments. We saw the appointments ran smoothly on the day of the inspection and patients were not kept waiting for a long amount of time.

The practice did not have a system in place to remind patients about their appointments.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments to manage these. Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Step free access was available at the rear of the practice for patients who could not manage stairs and they were seen in the downstairs surgery. The principal dentist explained to us that due to the lack disabled facilities within the practice patients with impaired mobility were usually referred back to the NHS England area team.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises and their information leaflet.

We confirmed the practice tried to keep waiting times and cancellations to a minimum. We were told this was affected by the staffing situation in the practice.

The practice had a triage system in place to see patients experiencing pain on the same day and but there were no appointments free for same day appointments patients were asked to attend the surgery and to fit in between scheduled appointments. Emergency on-call arrangements were with the local NHS access centre. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell either the principal dentist or the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house. We saw that the practice did not respond to comments on the NHS Choices web page. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. These 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

Governance arrangements

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

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and to make improvements. Staff we spoke with on the day were not fully knowledgeable about these procedures and protocols.

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

The trainee dental nurse was supported by qualified dental nurses from the sister practices both remotely and within the practice.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They were uncertain in some cases such as a reporting a sharps injury or who to raise any issues with. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions or the sending of a memo were methods used to share urgent information.

Learning and improvement

The principal dentist told us that they had quality assurance processes to encourage learning and continuous improvement. On the day of inspection we saw the infection control audit and X-ray audits only. No other audits were shown to us. The audits we did see had clear records of the results of these audits but these were not always supported by action plans to address the issues highlighted.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Personal development plans were in place for the trainee dental nurse which recorded learning needs and aims for future professional development.

Staff told us they completed training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on, for example the provision of non-slip mats outside the main entrance to the practice.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.