

POLSMILE Limited

Mint Dental Care

Inspection Report

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Overall summary

We carried out this unannounced inspection on 28 September 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 second CQC inspector and a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not have any relevant information to share with us regarding this dental practice.

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 Care is located in Skegness in Lincolnshire. The practice provides only private dental treatments to patients of all ages.

The practice is located on two floors with all patient areas located on the ground floor. There is level access into the

Summary of findings

practice and the treatment rooms. There are two treatment rooms both of which are located on the ground floor. There is a pay and display car park opposite the practice.

The dental team includes three dentists; one part-time dental hygienist; two qualified dental nurses and two trainee dental nurses.

The practice is owned by an organisation and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the practice was the principal dentist.

On the day of inspection we collected six CQC comment cards filled in by patients. We also spoke with one patient during the inspection. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists and four dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice opening hours are: Monday: 8:30 am to 5:30 pm; Tuesday: 8:30 am to 5:30 pm; Wednesday: 10:30 am to 7:30 pm; Thursday: 8:30 am to 5:30 pm; Friday: 8:30 am to 2 pm and Saturday by appointment only

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which mostly followed published guidance.
- The washer disinfecter was overdue for its annual service.
- The practice asked staff and patients for feedback about the services they provided, and received positive feedback.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risks in the practice, particularly with regard to health and safety.
- The practice had suitable safeguarding processes. Staff had been trained and knew their responsibilities for safeguarding adults and children.

- The practice did not have all of the documentation required by schedule 3 or their own staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took measures to protect their privacy and personal information.
- The practice completed regular audits and used the information to make improvements.
- The appointment system met patients' needs.
- The practice did not have an induction hearing loop
- The audit system was not effective due to the frequency, depth and scope of audits needing to be reviewed.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice dealt with complaints positively and efficiently.

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

- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.
- Review the practice's servicing protocols for equipment used for cleaning used dental instruments taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- 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. There was a lead person appointed within the practice for safeguarding matters.

Staff were suitably qualified for their roles. Not all of the essential recruitment checks for new staff had been completed.

The premises and equipment were clean and properly maintained; although we found the washer disinfectant was overdue for servicing. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements and equipment 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 professional and helpful. 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 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.

We received feedback about the practice from seven people. Patients were positive about all aspects of the service the practice provided. They told us staff were personable, friendly and treated them with dignity and respect. Patients also said their dentist listened to them. 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. 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 get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services. The practice did not have an induction hearing loop to assist patients who used a hearing aid.

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 written 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. Records showed the audit system could be more robust, with the frequency, depth and scope in some areas in need of review.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. The practice had policies and reporting procedures for accidents and significant events.

The practice recorded, responded to and discussed all accidents and significant events to reduce risk and support future learning. The practice investigated every significant event and recorded the outcome. There was clear analysis and action and learning points were recorded. This included staff reflection where appropriate.

The practice had not been receiving national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). During the inspection the principal dentist made arrangements to receive them. In addition they made arrangements to receive past alerts from up to a year before this inspection.

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. The principal dentist was the identified lead for safeguarding in the practice. The dentist's training was in need of updating. We saw that arrangements were made to ensure this happened.

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. A copy of the whistleblowing policy was available for staff.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. All COSHH information including a risk assessment and copies of manufacturers' product data sheets were stored in a designated COSHH file. Staff said the COSHH file was under review.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. This included single use disposable matrix bands and a recognised system for safe handling of needles. In addition it was practice policy that only dentists handled needles. The dentists used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice did not have a business continuity plan to describe how the practice would deal events which could disrupt the normal running of the practice. The principal dentist said this would be reviewed.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, with the last training completed in March 2017.

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. Equipment included an automated external defibrillator (AED) and medical oxygen.

The practice had a first aid box which was located centrally. Two members of staff had completed first aid at work training.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at four staff recruitment files. These showed the practice did not have all of the documentation identified in their recruitment procedure and required under schedule 3 of the Health and Social Care Act 2008 regulations. The principal dentist said arrangements would be put in place to ensure the missing documentation was obtained.

We saw that every member of staff had received a Disclosure and Barring Service (DBS) check.

Are services safe?

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The principal dentist had a system to monitor that relevant staff were up to date with their registration and indemnity insurance cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed annually to help manage potential risk. These covered general workplace and specific dental topics. The principal dentist was the lead person with overall responsibility for health and safety at the practice. The practice had current employer's liability insurance which was due for renewal on 7 June 2018.

We saw that regular health and safety audits were completed, reviewed and where necessary updated.

The practice had an automatic fire alarm system which was serviced regularly; this included automatic fire detection and emergency lighting. The fire risk assessment had been reviewed in September 2017. Records showed the staff had regular fire drills.

A dental nurse worked with the dentists and dental hygienists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed an annual update in infection prevention and control with the most recent training having been completed at various times in the 12 months up to this inspection.

This inspection was triggered by concerns raised with regard to infection control and cleanliness. We looked at clinical areas and records relating to infection control and cleanliness. We found no evidence to directly support the concerns that had been raised.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed most equipment

staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. The records showed the washer disinfectors were overdue for a service.

The practice policy identified infection prevention and control audits should be completed twice a year. The latest audit was completed in December 2016. We saw that infection control audits had been completed on an annual basis rather than six monthly as identified in HTM 01-05. The principal dentist amended the audit plan to ensure that audits were completed six monthly in future.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed in October 2015.

There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required. Some information held on file was unclear, and staff began to check they were adequately protected on the day of inspection.

We saw cleaning schedules for the premises. The practice was clean when we inspected.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. There were records within the practice to demonstrate that most equipment had been serviced regularly.

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

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.

The practice had two intraoral X-ray machines which were both fitted with rectangular collimation. The practice used digital X-rays which delivered a lower level of radiation to patients.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out

Are services safe?

X-ray audits every year following current guidance and legislation. The last X-ray audit was dated June 2016. This audit had generated an action plan and identified positive outcomes and areas for improvement.

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. Clinical notes were held electronically. The digital X-rays were automatically inserted into patient records. Medical histories were held in hard copy and updated in the treatment room directly into the dental care record. The dentists assessed patients' treatment needs in line with recognised guidance. The dental care records identified the discussions and advice given to patients in relation to their dental health by the various dental care professionals at the practice.

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 accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention'. We saw evidence this was being used in the practice and staff were committed to preventative oral health care.

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 dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. We saw evidence of this in dental care records. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were also available in treatment rooms and at reception.

Staffing

The practice had three dentists; one dental hygienist; two qualified dental nurses and two trainee dental nurses. We

checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

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 required for their registration with the General Dental Council. There were systems to monitor the staff training needed to meet GDC requirements.

We saw that appraisals had not been completed but were being planned for the current year.

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 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 urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. There was a consent policy and separate information regarding the Mental Capacity Act (MCA) 2005 and Gillick competence. We discussed consent with staff who showed a clear understanding and knowledge of the MCA and Gillick competence. The dentists told us they 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. We saw some examples where dentists had recorded this information in dental care records.

Patients were given a copy of their treatment plan and the practice recorded consent within the patient dental care records.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were friendly, welcoming and personable. We saw that staff treated patients with respect, were professional, friendly and helpful at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. 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. Each staff member had their own unique password for the computer system.

Information posters and leaflets were available for patients to read in the practice giving information about treatments and positive oral health.

Involvement in decisions about care and treatment

The practice only offered private dental treatment. The costs for private treatments were displayed in the waiting room and on the practice website.

The practice gave patients clear information to help them make informed choices about their treatment options. Patients confirmed that staff listened to them, did not feel rushed and were able to ask questions.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments including dental implants, cosmetic dentistry and dentures provided by this practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Several patients commented on the ease of getting an appointment that suited their needs. Patients told us they found it easy to get an appointment and staff were friendly and helpful when making appointments. Patients commented on being seen at short notice when in pain or in an emergency. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. Each dentist made emergency appointment slots available each day or patients could come and sit and wait to be seen.

Staff told us that they sent text message and email reminders to patients who had signed up for the service. This was 48 hours before an appointment was due. Patients were able to book appointments on line and received an immediate text message confirmation.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. There were two treatment rooms situated on the ground floor and therefore accessible to patients who used wheelchairs and families with pushchairs. The toilet facilities were compliant with the requirements of Equality Act 2010. The practice did not have an induction hearing loop to assist patients who had a hearing loss and used a hearing aid.

Staff said information was available in different formats such as large print. The dentists were able to speak different eastern European languages. Staff said there were currently no additional arrangements for accessing an interpreter or translation service.

Access to the service

The practice displayed its opening hours on their website and outside the practice. Appointments were offered until 7:30 pm on Wednesdays and by appointment on Saturdays. As a result the practice offered appointments outside of the 9 am to 5 pm working day.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments slots free for same day appointments. The answerphone provided access to the principal dentist who would contact patients directly. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

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. A detailed procedure was on display in the waiting room which identified other agencies patients could contact should they remain dissatisfied. The principal dentist was responsible for dealing with complaints in the practice. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received in the year up to this inspection. The practice had received one complaint in the 12 months up to this inspection. We saw that the complaint had been handled in line with the practice complaints policy and actions and learning points identified.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had responsibility for the management and leadership and was responsible for the day to day running of the practice. 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 make improvements. We saw that policies and risk assessments had been reviewed regularly throughout the calendar year.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. Discussions with staff identified they understood the principles which underpinned the duty of candour.

Staff told us there was an open, no blame culture at the practice. They said they were encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us that managers within the organisation were approachable, would listen to their concerns and act appropriately. If staff had any concerns these were discussed at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Meetings were minuted and those minutes were available to all staff. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, infection control and X-rays. Records showed the audit system could be more robust, with the frequency, depth and scope of some audits in need of review.

Staff showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. They discussed learning needs, general wellbeing and aims for future professional development.

Staff told us they completed essential training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development.

We saw evidence that staff were completing a range of training courses, and this was supported by the practice to ensure the development of staff skills.

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

The practice used a range of means including patient surveys and verbal comments to obtain staff and patients' views about the service.

The practice had a comment box in the waiting room. We saw that patients had provided positive feedback about the practice. Staff said patients had not made any suggestions or comments which had prompted change or improvements in response.