

Ms. Giso Mobayen

# Minty Pearls Dental Clinic

## Inspection Report

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### Overall summary

We carried out a focused inspection of Minty Pearls Dental Clinic on 3 November 2017.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We carried out this inspection focusing only on the well-led key question to check on information we had received relating to this aspect of care at this practice.

#### **Our findings were:**

##### **Are services well-led?**

We found this practice was not providing well-led care in accordance with the relevant regulations.

##### **Our key findings were:**

- Some items of life-saving equipment and medicines as per current national guidelines were past their expiry date and staff were not trained in the use of the Automated External Defibrillator (AED).

- The practice had some systems to help them assess and manage risk. These were not always consistent or in line with current guidance and legislation.
- Infection control procedures did not reflect current published guidance as we noted that the decontamination room was also being used as a kitchen.
- There was no evidence that the practice were gathering feedback from patients or participating in the NHS Friends and Family Test (FFT).

We identified regulations the provider was not meeting.

#### **They must:**

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

**Full details of the regulations the provider was not meeting are at the end of this report.**

# 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 well-led?**

We found that this practice was not providing well-led care in accordance with the relevant regulations. (We have told the provider to take action (see full details of this action in the

Requirements Notice section at the end of this report).

The practice did not have arrangements to ensure the smooth running of the service. The systems for monitoring equipment required for medical emergencies were not effective and did not support the delivery of safe care and treatment. We noted that the decontamination room was also being used as a kitchen.

The practice team did not keep complete or accurate patient dental care records.

The practice did not gather, respond to or listen to the views of patients and staff. They were not participating in the NHS Friends and Family test.

**Requirements notice** 

# Are services well-led?

## Our findings

### Governance arrangements

The registered manager had overall responsibility for the management at the practice and the principal dentist provided clinical leadership.

The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuous professional development in respect of dental radiography. Staff were unclear on the management arrangements although they knew their roles and responsibilities.

Governance arrangements did not ensure the smooth running of the practice.

Staff we spoke with knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Improvements were required to ensure staff were skilled in using the Automated External Defibrillator (AED). When we asked staff how they would use an AED they did not appear confident as to how to use it. The defibrillator instruction manual was not in English and staff could not ascertain what language it was.

Emergency medicines and equipment were available as described in recognised guidance, however many items were out of date and expired. For example the oral glucose solution tablets had expired in April 2017, syringes were past their use by date of January 2017 and airways were past their use by date of May 2017 and October 2017. We spoke with the practice manager who was responsible for carrying out the weekly checks and they told us they maintained records of the checks but had missed these items during their checks. They assured us their future checks will be more thorough.

We noted that the decontamination room was also being used as a kitchen. We spoke with the practice manager

who confirmed that the area was indeed used for the dual purposes. We noted that kitchen equipment like kettle and utensils were in close proximity to sinks identified for cleaning and washing of used dental instruments.

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dental care records we saw did not always contain full and accurate information. For example, some records did not record the use of the rubber dam in the notes and there was no explanation of any alternative method used in its place. In addition some records indicated that an apex locator (a specialist piece of equipment used in root canal treatment) was recorded in the dental care records as being used but we found that no such equipment was available in the practice on the day of our inspection.

Details relating to staff were not accurate. Records we reviewed stated that a certain staff was providing support to the dentist on certain dates. However our checks of the staff rota revealed that the staff recorded in the notes was not on duty on the days they were recorded as working on. Staff told us that the practice used agency nurses from time to time.

Staff told us that the practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. However on the day of our inspection staff could not locate policies, procedures or documents that we requested.

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

The practice did not demonstrate that they used any methods to obtain staff and patients' views about the service.

Patients were not encouraged to complete the NHS Friends and Family Test (FFT) and there was no evidence that the practice were participating in it. This is a national programme to allow patients to provide feedback on NHS services they have used.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity   | Regulation  |
|--|---|
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p><b>How the regulation was not being met:</b></p> <p>There were limited systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• There was lack of arrangements for dealing with medical emergencies to ensure that the recommended medicines and equipment were available to staff.</li><li>• There was a lack of systems for ensuring that staff were suitably trained and supported in relation to their roles and responsibilities, in particular in relation to dealing with medical emergencies.</li><li>• Infection control procedures were not being appropriately followed.</li><li>• The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained in respect of each service user.</li></ul> <p>In particular:</p> <ul style="list-style-type: none"><li>• We found dental care records which had the treatment and method of delivery not recorded accurately and incorrect staff details recorded as present during treatment.</li></ul> |

This section is primarily information for the provider

## Requirement notices

There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

There was no evidence that the practice were gathering feedback from patients or participating in the the NHS Friends and Family Test (FFT).

### **Regulation 17 (1)**