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# Minty Pearls Dental Clinic

## Inspection Report

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Date of inspection visit: 2 November 2016  
Date of publication: 01/02/2017

### Overall summary

We carried out an announced comprehensive inspection on 2 November 2016

to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **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**

Minty Pearls Dental Clinic is a mixed NHS and private dental practice in Croydon. The practice is a commercial

site on a main road. It is set out over one level on the ground floor. There are two dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments. In addition there is a reception and waiting area for patients.

The practice is open 9.00am – 6.00pm Monday to Thursday; 9.00am to 4.00pm on Fridays and 10.00am to 2.00pm on Saturdays. The practice has one dentist and is supported by three part-time dental nurses (who also provide reception duties).

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

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

- All staff had been trained to handle emergencies. There was equipment for staff to undertake their duties, and equipment was well-maintained. However the practice did not have access to an automated external defibrillator
- The practice appeared clean and well maintained.
- Infection control procedures were in place but improvements were required to ensure published guidance was being followed suitably.
- Flooring in both surgeries needed improvement as it was worn-out in places

# Summary of findings

- The practice had a safeguarding lead with information available to staff to refer to. Staff demonstrated knowledge of safeguarding.
  - The practice had systems in place for reporting incidents.
  - Dentists provided dental care in accordance with current professional and National Institute for Health and Care Excellence (NICE) guidelines.
  - The service was aware of the needs of the local population and took these into account in how the practice was run.
  - Patients could access treatment and urgent and emergency care when required.
  - Governance arrangements were in place for the smooth running of the practice; however the practice did not have a structured plan in place to carry out risk assessments, staff meetings or staff appraisals for development.
- There were areas where the provider could make improvements and should:
- Review systems to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
  - Review availability of medicines and equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
  - Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society
  - Review the processes and systems in place for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.
  - Review its audit protocols to ensure audits of various aspects of the service, including infection prevention and control are undertaken at regular intervals to help improve the quality of service. Practice should also ensure, that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

# 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.

Systems were in place for the provider to receive safety alerts from external organisations and they were shared appropriately with staff. Lessons learnt were discussed amongst staff. Appropriate pre-employment checks were carried out.

Dental instruments were decontaminated suitably.

Medicines were available in the event of an emergency except for midazolam. Checks were undertaken to monitor expiry of medicines. There was medical oxygen available; however staff did not have access to an automated external defibrillator (AED) in the event of a medical emergency. A risk assessment regarding its absence had not been undertaken and documented. The practice contacted us shortly after the inspection to confirm one had been purchased.

Infection control procedures were in place but improvements were required to ensure published guidance was being followed suitably.

Risks to patients were not being assessed comprehensively because some risk assessment were missing. For example there was no fire or legionella risk assessment.

Shortly after the inspection the provider contacted us to confirm they had arranged for and had completed fire, legionella and general health and safety risk assessments. They sent us copies of the risk assessments and there were no urgent actions required. The provider told us that they had already actioned some of the points highlighted.

No action



### Are services effective?

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance. Patients were given relevant information to assist them in making informed decisions about their treatment and consent was obtained appropriately. Most staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Referrals were made appropriately. Staff were up to date with their CPD requirements.

The practice maintained appropriate dental care records and patient details were updated regularly. Information was available to patients relating to health promotion and maintaining good oral health.

No action



### Are services caring?

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

No action



# Summary of findings

We received feedback from 10 patients Feedback from patients was very positive. Patients stated that they were involved with their treatment planning and were able to make informed decisions. The commented that staff were friendly, caring and showed empathy.

Patients referred to staff as professional and treating 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 service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access treatment and urgent care when required. The practice provided patients with written information about services and costs.

The practice had level access into the building for patients with mobility difficulties and families with prams and pushchairs.

There were systems in place for patients to make a complaint about the service if required. A notice was displayed in the reception area and information also on their website.

**No action**



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

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

The practice held team meetings sporadically but staff told us they were happy with the way information was shared with them and arrangements that existed for them to be informed. Audits were being conducted regularly. Staff told us they were confident in their work and felt supported by the managers.

Governance arrangements were in place for the management of the practice although some policies were not being adhered to and risks associated with servicing of equipment and the premises were not being carried out in a timely manner. Current systems in place for seeking and learning from patient feedback needed improvement.

The practice contacted us two days after the inspection to confirm that external companies had visited the practice and had carried out a fire and legionella risk assessment. Copies of the assessments were sent to us following the inspection. The practice had also put a plan in place to carry out general building risk assessments.

**No action**



# Minty Pearls Dental Clinic

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 2 November 2016 by a CQC inspector who was supported by a specialist dental adviser.

Prior to the inspection we asked the practice to send us some information that we reviewed. This included the

complaints they had received in the last 12 months, their latest statement of purpose and the details of their staff members including proof of registration with their professional bodies.

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 therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

Staff demonstrated an awareness of general incident reporting and RIDDOR and had completed recent training to update their knowledge. (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013). The practice had an accident and reporting policy with associated forms to complete in the event of an accident. The practice reported that there had not been any accidents over the past 12 months. Staff were aware of reporting procedures and what to do in the event of an accident such as a needle stick injury.

We spoke with the registered manager about the handling of incidents and the Duty of Candour. The registered manager though was not aware of what the Duty of Candour expectations were but was able to explain how they would respond to incidents that required them to act in an open and honest way. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity]. We outlined the importance of providers being aware of the duty of candour expectations. The registered manager assured us they would familiarise themselves with the formal requirements as well.

The registered manager told us they received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). The last example of an alert received was from May 2013 from MHRA. The registered manager said that they were not sure why they had not received any more recently but they would look into ensuring they were signed up again. They practice contacted us shortly after the inspection to confirm that they were now properly signed up to receive alerts.

### Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead and acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Relevant

contacts for reporting safeguarding concerns outside the practice were displayed behind the reception desk. Training records showed that staff had received safeguarding training for both vulnerable adults and child protection.

Dentists were responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU directive on the use of safer sharps.

The dentists in the practice were not following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured]. The dentist described what alternative precautions were taken to protect the patient's airway during the treatment when a rubber dam was not used.

Medical histories were reviewed at each subsequent visit and updated if required. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

### Medical emergencies

Staff did not have access to an automated external defibrillator (AED) in line with current guidance and had not undertaken and documented a risk assessment as regards its absence. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. They contacted us shortly after the inspection to confirm that one had been purchased and staff were booked to receive training. The practice had access to oxygen along with other related items such as manual breathing aids. The practice did not have portable suction or an automated blood glucose device. The oxygen cylinder was within its use by date and stored in a central location, although not all staff knew the location.

The practice did not have emergency medicines in line with the British National Formulary (BNF) guidance for medical

# Are services safe?

emergencies in dental practice. We checked the emergency medicines and saw that midazolam was not present. The practice manager assured us that they would ensure it was purchased immediately after the inspection. [Buccal (oromucosal) midazolam is a medicine used to stop prolonged epileptic seizures and is given into the buccal cavity (the side of the mouth between the cheek and the gum)].

We were told that the dental nurses were responsible for checking emergency medicines; though formal records were not maintained of the checks to medicines. All medicines however were within their expiry date.

Shortly after the inspection the practice sent us copies of checklists they had put in place to monitor checks to medication and equipment.

## Staff recruitment

There was a full complement of the staffing team. The team consists of a principal dentist, three dental nurses, a hygienist, and a practice manager.

All relevant staff had current registration with the General Dental Council the dental professionals' regulatory body. The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work. These checks included for example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. We reviewed staff files and saw that all files were up to date with relevant information required at their time of employment.

We saw that all staff had received appropriate checks from the Disclosure and Barring Service (DBS). [These are checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable].

## Monitoring health & safety and responding to risks

The practice had a health and safety policy for staff to refer to monitor risks. We spoke with the practice manager who explained how they would respond in emergencies and gave us an example of how they had responded to the loss of electricity two years ago. The explanations were in line with expectations however there was no central point of referral with telephone numbers or details for other staff to

refer to in the event that the practice manager was away from the practice. The practice manager assured us they would put procedures in place to ensure all staff were aware of what to do in the event of an incident.

The practice was not carrying out general risk assessments to assess the risk such as the building layout, equipment or other hazards. They also did not have a fire risk assessment or a legionella risk assessment. We discussed this with the practice manager and they were unaware of what they should be doing in relation to general building risk assessments. They advised us they would take immediate action to ensure risks relating to health and safety were monitored.

The practice contacted us two days after the inspection to confirm that external companies had visited the practice and had carried out a fire and legionella risk assessment. Copies of the assessments were sent to us following the inspection. The practice had also put a plan in place to carry out general building risk assessments.

## Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. One of the nurses' was the infection control lead.

There was a separate decontamination room with a clear end to end flow of "dirty" to "clean" instruments in line with current guidance. There were three sinks in the decontamination room in line with current guidance. One of the dental nurses gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This included manually cleaning the instruments; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. During the demonstration staff did not wear all of the correct personal protective equipment. For example they wore gloves from the surgery as opposed to rubber gloves for manually scrubbing instruments. We discussed this with staff and they advised it was an oversight but they would ensure correct protective clothing was worn at all times.



# Are services safe?

There was one autoclave. The logs from the autoclave provided evidence of the daily, weekly and monthly checks and tests that were carried out on the autoclave to ensure it was working effectively.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. Clinical waste bins were assembled and labelled correctly in the surgery and decontamination room. Clinical waste was stored appropriately in a secure external area until collection by an external company, every week.

There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Wall mounted paper hand towels were available.

The surgery was visibly clean and tidy. We were told the dental nurses were responsible for all domestic and clinical cleaning. All surfaces and the dental chair in the surgery were cleaned in-between patients and at the beginning and end of each session of the practice in the mornings/evenings. We observed all areas of the practice to be clean and tidy on the day of our inspection.

The practice did not have an up to date Legionella risk assessment at the time of our inspection. However the contacted us the day after the inspection to confirm an external company had visited to carry it out. They also sent a copy of the risk assessment. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Water temperatures were checked appropriately.

The practice was not carrying out regular infection control audits. During the inspection they practice manager showed us a copy of a checklist they used that was similar to an audit. However we discussed the purpose of an audit and agreed that the checklist did not fulfil the same purpose as an audit. The practice agreed that they would revise their system and start carrying out comprehensive audits.

## **Equipment and medicines**

The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were due to be re-tested in January 2017. The pressure vessel certificate was dated the 11 January 2016. Other servicing included the suction pump and dental chair.

## **Radiography (X-rays)**

The practice had a radiation protection file. The principal dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

The radiation protection file evidenced that the equipment was being serviced in line with manufacturer's recommendations. Critical examination testing had also been completed in September 2014 and servicing of X-ray equipment had been also been completed in September 2016.

The dentist had completed Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 (IRMER) training in line with their CPD requirements. The principal dentist told us that X-ray audits were being completed separately, instead they formed part of the overall patient record audits which were completed every six months.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentist carried out consultations, assessments and treatment in line with recognised general professional guidelines. The dentist described how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits.

This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. A treatment plan was then given to patients and included the cost involved.

Dental care records that were shown demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). These were carried out where appropriate during a dental health assessment.

### Health promotion & prevention

We saw evidence that the dentist was proactive with giving patients health promotion and prevention advice.

Preventative advice included tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines - 'Delivering Better Oral Health'. ('Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). Dental care records we observed demonstrated that the dentist had given oral health advice to patients.

A range of dental hygiene products to maintain healthy teeth and gums were available for patients; these were available in the reception area. Underpinning this was a range of leaflets available to patients explaining how patients could maintain good oral health.

### Staffing

All clinical staff had current registration with their professional body, the General Dental Council. We saw example of staff working towards their continuing professional development requirements, working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years].

### Working with other services

The practice had processes in place for effective working with other services. There were standard templates letters on their computer software that generated letters for referrals such as orthodontists and to the hospital.

Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. Copies of all referrals made were kept on the patients' dental care records.

### Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. The dentist demonstrated an understanding of consent issues. Some staff had completed Mental Capacity Act (2005) and consent training.

Clinical staff demonstrated sufficient knowledge of understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle; however some were uncertain about Gillick competency. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them]. Dental care records we checked demonstrated that consent was obtained and recorded appropriately.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Treatment rooms maintained privacy, and conversations could not be overheard outside the room. We saw that doors were closed at all times when patients were receiving treatment. Dental care records were stored electronically. Computers were password protected. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We collected 10 completed CQC patient comment cards. These provided a positive view of the service the practice provided. All of the patients

commented that staff were friendly and acted professionally towards them. Patients also commented that treatment was explained clearly and the staff were caring and put them at ease. During the inspection, we observed staff in the reception area and they were polite and helpful towards patients.

### **Involvement in decisions about care and treatment**

The patient feedback we received confirmed they felt involved in their treatment planning and received enough information about their treatment. Patients commented that treatment was explained to them.

Information relating to costs was printed on the patient leaflet and patients were also given a copy of the NHS charges leaflet.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Practice staff gave us various examples of how they responded to patients' needs. For example they opened till 6.00pm most evenings and offered Saturday appointments and also printed information in large print if a patient required it.

The practice reserved slots every day to accommodate emergency and non-emergency appointments. Staff said that if a person was in pain or had a dental swelling they would be seen on the same day even if routine appointment slots were not available. In such instances the patient would be asked to attend the surgery and would be seen as soon as possible.

### Tackling inequity and promoting equality

The local population was very diverse with a mix of patients from various cultures and background. The staff team was diverse as well and staff spoke different languages which included Polish, Swedish, German and Iranian. They also had access to language line facilities.

The practice was set out over one level on the ground floor and the entrance was step-free. There were two surgeries and they were both wheelchair accessible.

### Access to the service

The practice is open 9.00am to 6.00pm Monday to Thursday; 9.00am to 4.00pm Fridays and 9.00am to 2.00pm on Saturdays. There was a poster on the practice door directing patients to call "111" if they needed dental treatment outside of these hours. The practice manager explained that they had recently updated their phone line and they currently had no facility to record messages. They were therefore unable at the time of our visit to re-direct patients who called the practice outside of opening hours. They assured us that as soon as the facility was available they would include a message with the out of hour's service details.

### Concerns & complaints

We reviewed the complaints policy and spoke with staff about the handling of complaints. Staff we spoke demonstrated an understanding of their complaints procedures and how to handle them in line with the organisation's policy.

Details of how to make a complaint were displayed in the patient waiting area. We were told there had not been any complaints made in the past 12 months.

# Are services well-led?

## Our findings

### Governance arrangements

The practice manager (who was also the registered manager) was responsible for the day to day running of the practice. The practice maintained a system of policies and procedures, however some of the policies were not up to date or adhered to. For example the infection control policy was not being followed because audits were not being completed as stated in the policy.

Dental care records were stored safely on the practice computer. Computers were password protected and only accessible to authorised staff.

Staff told us that audits completed over the last 12 months included audits on patient records, medical histories and radiography. We reviewed the patient record audits and saw that the aim of the audit was clearly outlined along with learning outcomes. For example, the audit recommended that medical histories were updated more frequently and root canal treatment should be documented better in notes.

### Leadership, openness and transparency

We discussed the Duty Of Candour requirement in place on providers with the registered manager. The principal dentist had basic knowledge. They gave us explanations of how they ensured they were open and transparent with patients and staff. The explanations from the principal dentist were in line with the expectations under the Duty of Candour.

The principal dentist provided leadership in the practice. Staff said that the leader was open and transparent with them.

### Learning and improvement

The practice manager told us that the staff team was very small and most staff worked part-time so it was difficult to arrange meetings to suit everyone. However they tried to have meetings at least once a month to communicate information about the practice and give staff the opportunity to give feedback. Minutes were not always maintained for the meetings; however the minutes that were available showed that some learning was derived from meetings.

Formal staff appraisals were not being carried out. The practice manager told us that they spoke with staff frequently to discuss their development needs. Staff we spoke with confirmed they could discuss training needs with management but they usually arranged training for themselves. Staff we spoke with were satisfied with learning and development opportunities.

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

The practice was collecting patient feedback using their own patient satisfaction survey. The results from their survey were generally positive.