

Teeth Innovation Ltd

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 December 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

Teeth Innovation Ltd is situated in Bradford, West Yorkshire. The practice offers mainly private dental treatment to patients of all ages. The services include preventative advice and treatment and routine restorative dental care.

The practice has four surgeries, a decontamination room and a sterilisation room, a waiting area and a reception area. All of the facilities are on the second floor of a converted mill. A lift is planned to be installed in 2017 in order to enable access for wheelchair users and those with limited mobility.

There is one dentist, one dental nurse and a practice manager. The practice has been seeing patients for approximately two months.

The practice is currently only open on a Friday but is looking at opening more days once the practice becomes more established.

One of the directors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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.

Summary of findings

During the inspection we received feedback from three patients. The patients were positive about the care and treatment they received at the practice. The patients commented the staff were kind and nice. They also commented it was easy to get an appointment.

Our key findings were:

- The practice was visibly clean and tidy.
- The practice had systems in place to assess and manage risks to patients and staff including health and safety and legionella.
- Staff were qualified and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records showed treatment was planned in line with current best practice guidelines.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- The governance systems were effective.
- There were clearly defined leadership roles within the practice and staff told us they felt supported, appreciated and comfortable to raise concerns or make suggestions.
- Some items of the medical emergency kit were missing.
- Audit processes had not yet been implemented as the practice had only recently opened.

There were areas where the provider could make improvements and should:

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's recruitment policy and procedures to ensure practice specific Disclosure and Barring Service checks are requested and recorded suitably.
- Review the practice's audit protocols of various aspects of the service, such as radiography and dental care records at regular intervals to help improve the quality of service. Practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's process for the grading of x-rays taking into account guidance from the National Radiological Protection Board.

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.

Staff told us they felt confident about reporting incidents and accidents. On the day of inspection the practice did not receive alerts from the MHRA. We were told this would be addressed.

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety. We noted the Disclosure and Barring Service (DBS) checks were not practice specific. The practice manager told us this would be addressed.

Staff were trained to deal with medical emergencies. On the day of inspection some items in the medical emergency kit was missing. This was rectified and we were sent evidence these items were now available.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

We noted some inconsistencies in the grading of x-rays. We saw all X-rays were recorded as being grade one despite significant faults on some.

No action



Are services effective?

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

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP) and guidance from the British Society of Periodontology (BSP).

Staff were encouraged to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice.

No action



Are services caring?

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

During the inspection received feedback from three patients. The patients commented that staff were kind and nice.

Staff described to us how privacy and confidentiality were maintained for patients using the service.

No action



Summary of findings

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

Are services responsive to people's needs?

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

There was only a dentist available on a Friday. The practice offered same day emergency appointments for patients on a Friday. The practice had an arrangement with a local practice for emergency patients on days when a dentist was not available.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

Location on the second floor of the premises compromised access; we were told that the installation of a lift was planned and that this would enable wheelchair users and persons with limited mobility to access the practice.

No action



Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice.

Effective arrangements were in place to share information with staff by means of monthly practice meetings which were well minuted for those staff unable to attend.

Quality assurance processes had not yet been implemented at the practice as it had only been recently opened. We were told a process to audit x-ray quality and dental care records would be implemented once the practice had started seeing more patients.

There was a comment box in the waiting room for patients to provide feedback to the practice. We were told that once the practice had become more established they would conduct a patient satisfaction survey.

No action



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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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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

During the inspection we received feedback from three patients. We also spoke with the dental nurse and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

The practice had clear guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. There had not been any significant events reported. We were told any accidents or incidents would be reported to the practice manager and would also be discussed at staff meetings in order to disseminate learning.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

On the day of inspection the practice did not have a system in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We were told that a system would be set up to receive these safety alerts.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. One of the directors was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safer sharps system was in use at the practice.

We were told the dentist used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. 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 is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw patients' clinical records were computerised and password protected to keep personal details safe.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kits was kept. We checked the emergency equipment and medicines and found some items were missing. These were the buccal midazolam and needles for administering the adrenaline. All other equipment and medicines were in line with guidance from the Resuscitation Council UK and the British National Formulary.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (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).

We were told that daily checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured the oxygen cylinder was full and in good working order, the AED battery was charged and the emergency medicines were in date. These checks were not recorded. We were told a documented checklist would be started.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working

Are services safe?

in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and found that the DBS checks were not practice specific. We were told this would be addressed to ensure practice specific DBS checks were sought.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. An environmental risk assessment had been carried out which showed that risks were appropriately managed.

There were policies and procedures in place to manage risks at the practice. These included the use of the autoclave, and risks associated with trainee dental nurses and pregnant workers.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. One of the dental nurses was the infection control lead and was responsible for overseeing the infection control procedures within the practice.

Staff had received training in infection prevention and control. We saw evidence staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination rooms to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in dedicated rooms in accordance with HTM 01-05 guidance. There was a decontamination room and a sterilisation room. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were well-informed about the decontamination process and demonstrated correct procedures.

The practice had systems in place for daily and weekly quality testing of the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in December 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

Are services safe?

Records showed a risk assessment process for Legionella had been carried out (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients and monitoring cold and hot water temperatures each month.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressor. As all equipment was less than a year old none of it had required to be serviced yet. The practice manager had a system in place to ensure equipment was serviced in line with manufacturer's guidance.

The dental nurse maintained a log of expiry dates of materials and local anaesthetics in the surgery. This ensured any materials or local anaesthetics were not used past their expiry date.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment. The X-ray machines had been serviced and maintained appropriately.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed. We saw a justification, grade and a report was documented in the dental care records for all X-rays which had been taken. The practice should review the grading of X-rays. We saw all X-rays were recorded as being grade one despite significant faults on some.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentist carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP).

During the course of our inspection we checked dental care records to establish whether current guidance was being followed. We did this as there was not a dentist available on the day to speak with. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. As the practice had only recently started seeing patients we could not judge whether recall intervals were in line with National Institute for Health and Care Excellence (NICE) guidelines.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary.

Health promotion & prevention

The practice provided preventative care and support to patients to ensure better oral health. For example, we were told the dentist would provide oral hygiene advice, dietary advice and smoking cessation advice where appropriate.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included an introduction to the decontamination process, health and safety, the location of the emergency kit and the fire evacuation procedure. We saw evidence of completed induction checklists in the personnel files.

Staff had access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with current guidance. For example, referrals would be made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, oral surgery and sedation. Patients would be given a choice of where they could be referred.

The practice had a procedure for the referral of a suspected malignancy. This involved sending an urgent letter the same day and a telephone call to the hospital.

Consent to care and treatment

Patients were given information to support them to make decisions about the treatment they received. We reviewed dental care records to see how consent was gained. We saw good evidence of the explanation of risks associated with the proposed treatment. There was limited evidence of options being discussed.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began. Patients were given a written treatment plan which outlined the treatments which had been proposed including the associated costs. Patients would be given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented staff were kind and nice. Staff told us they always interacted with patients in a respectful, appropriate and kind manner.

Privacy and confidentiality were maintained for patients who used the service. This included ensuring dental care records were not visible to patients and keeping surgery doors shut during consultations and treatment. The waiting area was distant to the surgeries so conversations could not be overheard. Staff told us if a patient wished to speak in private an empty room would be found to speak with them.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients were also informed of the range of treatments available in the practice information leaflet. They were currently starting to put together a website which would inform patients about services which the practice offers.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As the practice had only recently opened it was only open on a Friday. Staff told us patients who requested an urgent appointment would be seen the same day. There were dedicated emergency slots available on a Friday. The practice had an arrangement with a local practice for emergency patients on days when a dentist was not available.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Location on the second floor of the premises compromised access; we were told that the installation of a lift was planned and that this would enable wheelchair users and persons with limited mobility to access the practice.

Access to the service

As the practice had only recently started seeing patients opening times were limited. We were told the practice had

an arrangement with another local practice for patients to be seen there if they needed emergency treatment. There was always a member of staff available by phone to signpost patients to the buddy practice.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were either signposted to the buddy practice or the NHS 111 service. Information about the out of hours emergency dental service was available on the telephone answering service and in the practice information leaflet.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The practice manager was responsible for dealing with complaints when they arose. Staff told us they aimed to resolve complaints in-house initially. There had not been any complaints since the practice opened. The practice manager told us they intended on keeping a log of any complaints which were received. This would include all correspondence.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an effective approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

There was an effective management structure in place to ensure responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged

and confident to raise any issues at any time. These would be discussed openly at staff meetings where relevant and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings. These meetings were minuted for those who were unable to attend. During these staff meetings topics such as policies and training needs.

Learning and improvement

Quality assurance processes had not yet been implemented at the practice as it had only been recently opened. We were told a process to audit X-ray quality and dental care records would be implemented once the practice had started seeing more patients.

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

The practice had not yet started to seek feedback from patients about the quality of the service being provided. There was a comment box in the waiting room for patients to provide feedback to the practice. We were told that once the practice had become more established they would conduct a patient satisfaction survey.