

Tooth Booth Chichester

Tooth Booth

Inspection Report

22 The Hornet
Chichester
West Sussex
PO19 7JG
Tel: 01243 697500

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Overall summary

We undertook a follow up inspection of Tooth Booth on 14 November 2019. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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

We undertook a comprehensive inspection of Tooth Booth on 24 April 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe, effective, caring, responsive or well led care and was in breach of Regulation 12, Safe care and treatment; Regulation 13, Safeguarding service users from abuse and improper treatment; Regulation 17, Good governance; Regulation 18, Staffing; and Regulation 19, Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Tooth Booth on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?

- Is it well-led?

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 24 April 2019.

Are services effective?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 24 April 2019.

Are services caring?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 24 April 2019.

Are services responsive?

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

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 24 April 2019.

Are services well-led?

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

The provider had made insufficient improvements to put right the shortfalls and had not responded fully to the regulatory breaches we found at our inspection on 24 April 2019.

Background

Tooth Booth is in Chichester and provides private treatment to patients of all ages.

There is street level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders are within a short distance.

The dental team includes the principal dentist, one dental nurse, one trainee dental nurse and one receptionist. The practice has two treatment rooms.

The practice is owned by a partnership 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 Tooth Booth is the principal dentist.

During the inspection we spoke with the principal dentist, the dental nurse, the trainee dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Friday 9am to 5.30pm
- One Saturday a month 9am to 1pm (hygienist service only)

Our key findings were:

- The practice ensured that care and treatment was provided in a safe way to patients.
- Staff ensured that patients were protected from abuse and improper treatment.
- The practice had improved their systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Staff received appropriate support and training to enable them to carry out the duties they were employed to perform.
- The practice had reviewed the availability of interpreter services for patients who did not speak English as their first language.
- Recruitment procedures did not reflect current legislation.

We identified regulations the provider was not meeting. They must:

- Ensure specified information is available regarding each person employed.

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

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

- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	Requirements notice ✗

Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 24 April 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our warning notices. At the inspection on 14 November 2019 we found the practice had made the following improvements to comply with the regulations:

- The practice had a system in place for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare Products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England. We saw that relevant alerts were stored in a file which could be accessed by staff at the practice.
- We found that staff had increased their knowledge and understanding of significant events and a system was in place for the recording and managing of clinical incidents, safety or significant events. We noted that further updates were required to ensure that the practice had up to date information regarding the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, (RIDDOR) 2013.
- The practice had understood the priority and importance of ensuring that the principal dentist was supported appropriately at the chairside by a nurse. The practice had appointed an additional member of staff to ensure consistency with chairside support.
- Fire safety had been reviewed within the practice. A fire risk assessment had been completed following the inspection in April 2019. We noted that not all actions arising from the risk assessment had been completed. For example, the practice did not have a smoke detector in the kitchenette area, neither were actions taken to rectify an issue with a part of the ceiling linking to a residential flat. Following the inspection, we were sent evidence that a smoke detector had been put up in the kitchenette and we were told that all necessary actions resulting from the risk assessment would be completed at the earliest opportunity.
- We saw evidence that all documentation pertaining to the X-ray equipment in the practice was in place. For example, the practice had obtained a Health and Safety Executive registration certificate and all necessary acceptance tests of the X-ray equipment had been completed. The patient dose level for the X-ray equipment in surgery two had been addressed.
- The practice had made improvements to the storage of the medicine used for managing blood sugars in a medical emergency. This was stored in a fridge and we saw that the fridge temperature was monitored and recorded.
- At the inspection in April 2019 we saw that there was no documentation to support that a Legionella risk assessment had been completed. On the 14 November 2019 we saw documentation that this had been completed in October 2018. However, we noted that an action required that the responsible person complete training in Legionella awareness and this had not been completed. Following the inspection on 14 November 2019 we were sent evidence that the responsible person had completed the necessary training.
- Improvements had been made to the cleanliness of the practice. All areas were visibly clean and free from clutter.
- We saw evidence that the practice had obtained evidence of suitable immunity to Hepatitis B, including a vaccination history for all clinical staff.
- Improvements had been made to the decontamination procedures. We observed staff using a thermometer to check the temperature of the water and an illuminated magnifier to inspect cleaned instruments; in line with nationally recognised guidance.
- We found that staff had reviewed the practice arrangements for safeguarding children and vulnerable adults. Staff had an improved knowledge and understanding of safeguarding and all staff had completed training in safeguarding to the required level.

These improvements showed the provider had taken action to comply with the regulations: when we inspected on 14 November 2019.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

At our previous inspection on 24 April 2019 we judged the practice was not providing effective care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 14 November we found the practice had made the following improvements to comply with the regulation:

- We saw evidence that all staff had completed necessary training in basic life support, infection prevention and control and radiography. The provider had understood the importance of supporting staff to encourage them to complete 'highly recommended' training as per General Dental Council professional standards.

- With the exception of the principal dentist, all staff were new to the practice having been appointed between one and five months prior to the inspection. All staff told us that they received an induction which prepared them for their role. We saw evidence that the induction programme was recorded for each staff member.
- Staff at the practice had not been in employment long enough to have received an appraisal. However, all staff told us that they were able to discuss training needs and that they felt supported in their roles. We saw the practice training policy which outlined that staff will have an appraisal completed on an annual basis.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 14 November 2019.

Are services caring?

Our findings

We found that this practice was providing caring services and was complying with the relevant regulations.

At our previous inspection on 24 April 2019 we judged the practice was not providing caring services and was not complying with the relevant regulations. We told the provider to take action as described in our warning and requirement notices. At the inspection on 14 November 2019 we found the practice had made the following improvements to comply with the regulations:

- The practice had given consideration to improving the information available to patients on the services the practice offered. The practice displayed information on

the treatments the practice provided, the use of closed-circuit television, data protection and confidentiality, out of hours provision, safeguarding and sepsis.

- The practice had developed a patient information folder with further information on General Dental Council Standards, the fire evacuation procedure and a private fee guide.
- We observed that patients' dignity and privacy was upheld. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 14 November 2019.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this practice was providing responsive care and was complying with the relevant regulations.

At our previous inspection on 24 April 2019 we judged the practice was not providing responsive services and was not complying with the relevant regulations. We told the provider to take action as described in our warning and requirement notices. At the inspection on 14 November 2019 we found the practice had made the following improvements to comply with the regulations:

- The practice had completed a disability access audit since we inspected in April 2019. We noted that improvements were required to ensure that an action plan was formulated to continually improve access for patients.
- Improvements had been made to ensure that the practice considered the needs of its patient population.

For example, interpreter services were available for patients who did not speak or understand English. We saw a notice in the reception area informing patients that translation services were available.

- The practice displayed information to patients on how to make a complaint. The practice staff told us they were committed to ensuring that these were dealt with straight away so that patients received a quick response.
- The practice had increased its opening hours and offered one Saturday a month for dental hygiene appointments.
- Staff were clear about the importance of emotional support needed by patients when delivering care. Staff provided flexibility in appointment times and were conscientious in their approach to patient care.

These improvements showed the provider had taken action to comply with the regulations: when we inspected on 14 November 2019.

Are services well-led?

Our findings

We found that this practice was not providing well led care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

At our previous inspection on 24 April 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notices. At the inspection on 14 November 2019 we found the practice had made some improvements to comply with the regulations:

- The principal dentist had overall responsibility for the management, clinical leadership and day to day running of the service. We saw improvements in the effectiveness of the leadership.
- The new staff team demonstrated motivation for their roles and worked together to deliver patient care in a conscientious manner.
- We saw that staff acted in a manner which supported openness and honesty and staff understood their responsibilities in relation to the Duty of Candour. A policy was in place to underpin this knowledge.
- The provider had completed necessary audits, for example, in infection prevention and control and radiography as part of a quality assurance system. Additionally, a clinical records audit had been completed. These audits were clearly documented with resulting action plans.
- Governance arrangements in the practice had been improved. For example, we saw that policies related to health and safety, sharps and infection prevention and control had been updated and personalised to the practice. We did note that some additional details related to the use of sharps were required to be added to the risk assessment.
- Improvements were seen to the risk assessments pertaining to the Control of Substances Hazardous to Health. These had been organised and updated.
- The practice had arrangements in place to support information governance. The practice had registered

with the Information Commissioners Office. Staff understood the requirements of information governance. Documentation pertaining to the use of closed-circuit television was in place.

- The practice had implemented systems to seek the views of people who use the service about their experience of, and the quality of care and treatment delivered by the service. A comments box was available in the waiting area, a patient satisfaction survey had been completed. Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. We saw examples of suggestions from patients the practice had acted on, for example, the practice had put up coat hanging hooks for patients in the surgeries and provided an umbrella holder.
- Communication amongst staff in the practice had improved. Staff told us that they were kept up to date with practice arrangements and that they felt confident they could give feedback as well as raise concerns. Staff told us they had regular meetings to share information.

However, we found areas where improvements were still required, and the practice was not complying with the relevant regulations:

- Improvements had been made to the recruitment procedures undertaken at the practice, although further improvements were still required. We noted that the recruitment policy did not include all information as set out in current legislation that would assist the practice in fulfilling recruitment requirements. Whilst the practice had made efforts to obtain some information for staff, for example we saw evidence of medical indemnity for all necessary staff; there were still several missing items. For example, there was no Disclosure and Barring Service (DBS) check for one member of staff, and the provider did not have a system to assess the need to carry out DBS checks upon employees.
- The practice had not gathered a full employment history with satisfactory written explanations for gaps in employment for any staff.
- There was no form of identification for two members of staff.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 19 Fit and proper persons employed Persons employed for the purpose of carrying on a regulated activity must be fit and proper persons How the regulation was not being met The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: • The practice did not have suitable procedures in place to assess the different responsibilities and activities of staff to determine if they are eligible for a Disclosure and Barring Service (DBS) check and to what levels. • There was no DBS check for one member of staff. • The practice had not gathered a full employment history with satisfactory written explanations for gaps in employment for any staff member. • There was no form of identification for two staff members. Regulation 19 (3)