

Tooth Booth Chichester

Tooth Booth

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Tooth Booth on 11 February 2020. 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.

We undertook a comprehensive inspection of Tooth Booth on 14 November 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 well led care and was in breach of 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 well-led?

Our findings were:

Are services well-led?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 14 November 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 associate dentist, one dental nurse, two trainee dental nurses and three receptionists. 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, a 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:

Summary of findings

- The practice had made improvements to its staff recruitment systems to ensure that information was available regarding each person employed.
- The practice had implemented all recommendations required as part of the fire risk assessment to 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 well-led?

No action



Are services well-led?

Our findings

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

At our previous inspection on 14 November 2019 we judged the provider was not providing well led care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice. At the inspection on 11 February 2020 we found the practice had made the following improvements to comply with the regulation:

- We found that leadership at the practice had strengthened since our inspection on 14 November 2019; the registered manager had gained further insight into their responsibilities and could demonstrate improvements made in order to comply with the relevant regulations; and on an ongoing basis.
- The provider had recruited four staff since our inspection on 14 November 2019.
- The recruitment policy had been updated to reflect current legislation in order to assist the practice in fulfilling safe and appropriate recruitment requirements.
- The provider had reviewed eligibility criteria for completing Disclosure and Barring Service (DBS) checks and this was documented in their recruitment policy.
- We saw appropriate DBS checks for all applicable staff.
- The practice had obtained proof of identity for all members of staff.
- The provider had reviewed the legislation and gained a greater understanding around safe recruitment procedures in respect of ensuring that a full employment history with satisfactory written explanations for gaps in employment was available for all staff.
- The provider had taken action to implement all recommendations in the fire risk assessment; for example, we saw a working smoke detector in the kitchenette area and a new fire door had been fitted.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 11 February 2020.