

Teeth Innovation Ltd

# Teeth Innovation Ltd

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 30 May 2023 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, the following 3 questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic appeared clean, tidy and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff had not had sufficient training to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. Medical emergency arrangements were not sufficiently risk assessed for the sedation service.
- The practice did not have effective systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes and staff training were not up to date. Sufficient information was not available in relation to safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which did not reflect current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines. The provision of conscious sedation was not in line with current guidance.

# Summary of findings

- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff and patients were asked for feedback about the services provided.
- The practice had information governance arrangements.

## Background

Teeth Innovation Ltd is also known as Southgate Dentists. The practice is in Bradford city centre and provides private dental care and treatment for adults.

The practice is on the first floor which is accessed by stairs. Access is not available for people who use wheelchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes 1 dentist, 2 dental nurses including a trainee and a practice manager. The practice has 4 treatment rooms, but only 1 of these was in use.

During the inspection we spoke with the director of the service, the dentist, 2 dental nurses, and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday and Tuesday 8.30am to 7pm

Wednesday 8.30am to 1pm

Thursday and Friday 9am to 4.30pm

Clinics are held on Monday and Tuesday mornings only.

## **We identified regulations the provider is not complying with. They must:**

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, ventilation and information on the workflow in the decontamination room.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>Enforcement action</b> 
<b>Are services effective?</b>	<b>Enforcement action</b> 
<b>Are services well-led?</b>	<b>Enforcement action</b> 

# Are services safe?

## Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The practice did not have up to date safeguarding processes and information to support staff to fulfil their responsibilities in relation to safeguarding vulnerable adults and children. Two staff members had not completed up to date safeguarding training and safeguarding was not included in the induction for new staff. We signposted the manager to resources to support them to update their information and training.

The practice had infection control procedures which reflected published guidance. We highlighted that information in the decontamination room should be reduced to ensure the workflow is simple and clear. We noted the airflow in the decontamination room was not working, we brought this to the attention of the manager to address.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. Further information was sought from the risk assessor in response to incorrect information in the report.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and tidy, and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These did not reflect the relevant legislation. Identification was not obtained from new staff members and right to work checks were not considered. Enhanced Disclosure and Barring Service (DBS) checks or risk assessments were not carried out at the point of employment. Work histories and references were not obtained for 2 staff members.

The practice did not have a system to obtain evidence of immunity for blood borne diseases for clinical staff.

Clinical staff were qualified and registered with the General Dental Council. The professional indemnity cover held for the dentist expired in 2019. They were able to provide evidence of current indemnity during the inspection.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. The autoclave and compressor had recently been serviced and pressure vessel tested. The practice did not have a system to demonstrate these checks were carried out at the required intervals.

The management of fire safety was not effective. An up-to-date fire safety risk assessment was not carried out in line with the legal requirements. Evidence of servicing for the fire alarm and emergency lighting could not be provided and staff did not carry out any visual checks of fire safety equipment other than of the fire alarm. Two fire extinguishers were available, these had recently been replaced and there was no evidence of previous servicing or any logs to show they had been checked regularly. The rear fire exit was blocked, staff were not aware of this, and evacuations were not practiced. We shared our concerns with the West Yorkshire Fire Service and they agreed to carry out an assessment of risk. Following the inspection, the provider confirmed they had arranged a full building fire risk assessment and West Yorkshire Fire Service confirmed they have completed a risk assessment and they were satisfied with the improvements underway at the premises.

# Are services safe?

The practice had some arrangements to ensure the safety of the X-ray equipment, but the required radiation protection information was not available, including registration with the Health and Safety Executive and Radiation Protection Adviser arrangements.

The dentist was unaware they were named as the Radiation Protection Supervisor. The X-ray set in use was serviced but we noticed parts on this equipment were cracked. The staff confirmed these would be replaced.

## **Risks to patients**

The systems to assess, monitor and manage risks to patient and staff safety required review. The practice had chosen not to use a safe sharps system. The sharps management process and associated risks and responsibilities for all sharp's items in use at the practice had not been effectively assessed in line with current regulations.

Staff had not received sepsis awareness training and did not know the signs and symptoms. Sepsis information was not available to support them to recognise suspected systemic infection, particularly when there was no clinician on site.

Emergency equipment and medicines were available and checked in accordance with national guidance. These were stored in a locked room. We discussed the need to ensure these are quickly accessible to staff.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training had not been completed by staff providing treatment to patients under sedation.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

## **Information to deliver safe care and treatment**

Patient care records were legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

## **Safe and appropriate use of medicines**

The practice systems for appropriate and safe handling of medicines should be reviewed. Medicines were stored securely but the logs would not identify if any were missing. Antimicrobials were dispensed to patients as required. Antimicrobial prescribing audits were not carried out.

## **Track record on safety, and lessons learned and improvements**

The practice did not have systems to review and investigate incidents and accidents. There had been no reported incidents in the last 12 months. We reviewed reports of 3 sharps' injuries which had occurred more than 12 months previously. These had not been followed up with the individuals involved to access medical advice or investigated to ensure learning occurred and prevent reoccurrence.

The practice did not have a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found this practice was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### **Effective needs assessment, care and treatment**

The practice did not have systems to keep dental professionals up to date with current evidence-based practice.

The practice offered conscious sedation for patients. This was not in line with national guidance. The sedationist had not updated their training since 2007 and the assisting nurse had received no formal/verifiable sedation training. Checks on the patient were performed and documented at the point of sedation being administered but ongoing monitoring was not in place during and after treatment. Staff had not completed the required level of medical emergency training and staff did not denature surplus midazolam before disposal.

The practice confirmed they would stop providing this service until they are assured that safe systems and appropriately trained staff are in place.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

The patient care records should be reviewed to ensure they are in line with recognised guidance.

It was not consistently documented that patients were informed of their diagnosis, or whether the options risks and benefits of treatment options were discussed with them to make informed choices.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice did not carry out radiography audits six-monthly following current guidance.

### **Effective staffing**

Not all staff had the skills, knowledge and experience to carry out their roles. Staff providing sedation did not have appropriate up to date training.

Newly appointed staff did not have a structured induction and there was no system to ensure staff completed continuing professional development required for their registration with the General Dental Council.

### **Co-ordinating care and treatment**

# Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

# Are services well-led?

## Our findings

We found 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 Enforcement Actions section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered.

### **Leadership capacity and capability**

There was a lack of leadership and oversight of peoples' safety.

Systems and processes were absent or outdated. On the day of the inspection the practice was open to feedback and took immediate action to address the concerns raised during the inspection. They have provided evidence to confirm that action was in progress. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

We saw the practice did not have effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

Staff could not show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice did not have arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff did not have clear responsibilities, roles and systems of accountability to support good governance and management.

The governance system included policies, protocols and procedures that were accessible to staff but not up to date or lacked the relevant information to support the team.

We saw there were ineffective processes for identifying and managing risks, issues and performance. The inspection highlighted risks in relation to fire safety, sharps risks, sepsis awareness, incidents, radiation protection, medicines management, equipment maintenance schedules, recruitment procedures including evidence of immunity and induction processes, conscious sedation, safeguarding processes and medical emergency arrangements.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

### **Continuous improvement and innovation**



# Are services well-led?

The practice did not have effective systems and processes for learning, quality assurance and continuous improvement. Audits of radiographs were not carried out at the required intervals. Audits of patient care records had no conclusions or action plans, and these did not highlight the issues identified during the inspection. There were no audits of antimicrobial prescribing. Audits of infection prevention and control were undertaken annually but lacked evidence that the findings were analysed or acted upon.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• A fire risk assessment was not in place in accordance with The Regulatory Reform (Fire Safety) Order 2005. Arrangements were not in place to test and service the fire detection systems at appropriate intervals or ensure the safe evacuation of persons from the premises in the event of a fire.</li><li>• The provider was unable to demonstrate effective and safe sedation oversight and management. This service was not provided in line with nationally agreed guidance “Standards for Conscious Sedation in the Provision of Dental Care (V1.1)” published by the dental faculties of the Royal Colleges of 2020 surgeons and the Royal College of Anaesthetists Report of the Intercollegiate Advisory Committee for Sedation in Dentistry.</li><li>• The sharps management process and associated risks and responsibilities for all sharp’s items in use at the practice had not been effectively assessed in line with current regulations.</li><li>• Appropriate medical emergency equipment was not in place to enable timely response to a medical emergency during sedation. Teeth Innovation Ltd did not ensure the second emergency oxygen tank was available to enable the administration of this in a timely way. Staff had not received any Immediate Life Support training.</li><li>• Staff had not undertaken any training on sepsis awareness and were not familiar with the signs and symptoms. This had not been discussed with staff and no sepsis awareness resources, or prompts were available.</li><li>• The provider did not have effective medicines management and prescribing policies and procedures were not in line with current legislation.</li><li>• The practice did not have systems to review and investigate incidents and accidents. In particular, sharps incidents.</li></ul>
Surgical procedures	
Treatment of disease, disorder or injury	

## Enforcement actions

- There was no system for receiving and responding to relevant 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.

Regulation 12 (1)

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- Effective systems and processes were not operated to make sure Teeth Innovation Ltd assesses and monitors the service against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there was a lack of leadership and oversight to assess, monitor and improve the quality and safety of services provided which led to the issues highlighted under Regulation 12.
- The systems to assess, monitor and manage risks was ineffective. Teeth Innovation Ltd had not acted on recommendations made at the CQC inspection carried out on 15 December 2016.
- Teeth Innovation Ltd had not ensured that the practice's radiation protection information, protocols and procedures for the use of X-ray equipment is in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Recruitment procedures and continued oversight of documents were not established or operating effectively. Newly appointed staff did not have a structured induction.
- There was insufficient support, training, professional development and supervision in place to enable staff to undertake their roles safely and effectively. There was no system to ensure staff completed up to date training relevant to their roles. The practice did not have systems to keep dental professionals up to date with current evidence-based practice.

This section is primarily information for the provider

## Enforcement actions

- Teeth Innovation Ltd did not have effective systems in place to assess, monitor and improve the quality and safety of the services being provided. Clinical audits did not have any conclusions or action plans.

Regulation 17 (1)