The Tooth Booth Group Limited

Tooth Booth White City

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19 November 2015 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

Tooth Booth White City is situated in the White City area of London. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services provided include preventative advice and treatment, and routine restorative dental care. The practice has two surgeries, a decontamination room, a waiting area and a reception area. The practice is situated on the ground floor and there is level access throughout.

There are four dentists, four dental nurses two are qualified and two are student nurses (who also cover the reception when required) and a practice manager. The opening hours are Monday, Tuesday and Thursday 8am to 8pm, Wednesday and Friday 8-00am to 5-00pm, and Saturday mornings 8am to 1pm.

The practice owner 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.

During the inspection we spoke with three patients who used the service and reviewed 20 completed CQC comment cards. Patients we spoke with and those who completed comment cards were positive about the care they received and about the service provided.

Summary of findings

Our key findings were:

- Staff reported incidents and kept records of these which were used for shared learning and improvement
- The practice was visibly clean and well maintained
- Patients' needs were assessed and care and treatment was planned and delivered in line with current guidance.
- The practice had effective safeguarding processes and staff understood their responsibilities for safeguarding vulnerable adults and children.
- The practice placed an emphasis on the promotion of good oral health and provided regular oral health advice to patients.
- Staff had received training appropriate to their role and were supported in their continued professional development.
- Information from 20 completed comment cards gave us a positive picture of a friendly, caring, professional service.
- The practice took into account and comments, suggestions or complaints and used these to make improvements to the service.
- Staff were well supported and were committed to providing a quality service to their patients.

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, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any incidents in the last 12 months but there was a system to act upon any incidents which might occur in the future. If patients were affected they would be given an apology and informed of any actions as a result of the incident.

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

The staff were suitably qualified for their roles and the practice had undertaken the relevant checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. Records of gum health were recorded. The practice made referrals for specialist treatment or investigations where indicated.

The practice focused on prevention and the dentists were aware of 'The Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were supported to deliver effective care through training and supervisions. The clinical staff were up to date with their continuing their professional development (CPD) and they were supported to meet the requirements of their professional registration.

Are services caring?

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

We reviewed 20 completed CQC comments cards and spoke with three patients on the day of the inspection. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented that they were involved in treatment options and full explanations of treatment and costs were given. We also noted that reception staff were very helpful and friendly.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Staff explained and we saw 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.

Summary of findings

The practice had an efficient appointment system to respond to patients' needs. There were two surgeries in operation and we saw from the appointment book that requests for emergency appointments were accommodated appropriately.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

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

The practice had made reasonable adjustments for patients with disabilities with level access throughout.

Are services well-led?

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

The practice had a structured plan in place to audit the quality of services provided. This included clinical record audits. 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.

The practice had regular staff meetings on a monthly basis and these were minuted to enable dissemination of information to any staff that could not attend.

The practice conducted patient satisfaction surveys and also took part in the NHS Family and Friends Test (FFT).

Tooth Booth White City

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 led by a CQC inspector who was accompanied by a CQC inspection manager, a dentist specialist advisor and a dental nurse specialist advisor.

We informed the local NHS England area team and Healthwatch City of London on 28 October 2015 that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we toured the premises, spoke with four dentists (two of which were the practice owners), two dental nurses a receptionist 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. There had not been any accidents or incidents in the last year. However, staff were knowledgeable and confident about how to respond to accidents or incidents. These would be documented, investigated and reflected upon by the dental practice. If patients were affected then they would be given an apology and informed of any action taken as a result.

Staff understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and guidance was available to staff within the practice's health and safety policy.

The practice responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures. 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 dentists was the safeguarding lead in the practice and all staff had undertaken safeguarding training in the last 12 months. There had not been any referrals to the local safeguarding team; however staff were confident about when to do so. Staff were knowledgeable about the different types of abuse and the signs or symptoms of abuse. They told us they were confident about raising any concerns with one of the safeguarding leads or the local safeguarding team.

The practice had systems to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments).The dentists told us that they regularly used a rubber dam when carrying out a root canal treatment. A rubber dam (a thin flexible rectangular sheet, held onto the tooth with a frame and clamp) is used to isolate the tooth undergoing treatment to prevent the inhalation of small instruments and to control moisture.

We saw that dental care records were accurate, complete, legible, up to date and stored securely to keep people safe and protect them from abuse.

Medical emergencies

The practice had a policy and procedures which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). All emergency medications and equipment were in date. The emergency resuscitation kits, oxygen and emergency medicines were stored in a central area. Staff knew where the emergency kits were kept. 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 including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Records showed weekly checks were carried out to ensure the equipment was safe to use. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation (including the use of the AED) and basic life support within the last 12 months.

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, eligibility to work in the UK, 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 in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed that all checks had been conducted.

Are services safe?

Clinical staff at the practice, who were qualified, were registered with the General Dental Council (GDC). There were copies of their 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

The practice had a health and safety policy and risk assessment which identified the possible risks to patients and staff who attended the practice. The risks that had been identified had control measures to mitigate the risk. Where issues had been identified, remedial action had been taken in a timely manner.

There were a number of policies and procedures in place to manage perceived risks at the practice. These included infection prevention and control, fire evacuation procedures and risks associated with Hepatitis B.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures. They completed a summary of risks for each substance to enable quick reference in the event of an issue. The COSHH folder was reviewed on an annual basis to ensure there had been no changes and analysis of new materials were added to the folder as they were received.

Infection control

There was an infection control policy and procedures to keep patients and staff safe. These included hand hygiene, health and safety, transporting and safe handling of instruments, managing waste products and decontamination. 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 (HTM01-05)'.

Staff received training in infection prevention and control. We saw evidence that 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 room 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 and we saw completed records to confirm this. There was a cleaning schedule which identified and monitored areas to be cleaned and colour coded equipment was used. There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment.

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 dedicated containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. 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. One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments.

Staff manually scrubbed used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray units, autoclaves and the compressor. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of validation of the autoclave and the compressor. Portable appliance testing (PAT) was completed (PAT confirms that electrical appliances are routinely checked for safety).

Are services safe?

Prescriptions were stamped only at the point of issue to maintain their safe use. Prescription pads were kept locked away at night to ensure they were secure.

During the inspection we noted that there were a small amount of out of date dental materials in one of the surgeries. We discussed this with the practice owner who told us that these materials were no longer used and would be disposed of.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary.

A Radiation Protection Advisor and a Radiation Protection Supervisor had been appointed to ensure that the equipment was operated safely and only by qualified staff.

We found there were suitable arrangements to ensure the safety of the equipment. Local rules were available in the surgery and within the radiation protection folder for staff to reference if needed. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

The practice had undertaken an X-ray audit and could demonstrate that undiagnostic images were below the expected 10% parameters. This audit showed that they were performing well and in line the Ionising Radiation (Medical Exposure) Regulation 2000 and the Ionising Radiation Regulations 1999 (IRR99).

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 dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients based on their individual needs. This takes into account the likelihood of the patient experiencing dental disease. This was documented in the dental care records and also discussed with the patient. We reviewed information recorded in dental care records regarding the oral health assessments, treatment and advice given to patients. Clinical records were comprehensive and included details of the condition of the teeth, gum health, soft tissue lining the mouth and signs of mouth cancer. Medical history checks were updated for each patient 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. Patients confirmed that their medical history was checked at each examination appointment and also prior to any treatment taking place.

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

Health promotion & prevention

The practice had a good focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the practice recalled patients at high risk of tooth decay to receive fluoride applications and fissure sealants to their teeth. When required, high fluoride toothpastes were prescribed.

The medical history form patients completed included questions about smoking and alcohol consumption. We saw evidence in dental care records that patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. There were health promotion leaflets available in the waiting room to support patients.

The water supply in The City of London does not contain fluoride and the practice offered fluoride varnish applications as a preventative measure for both adults and children. The practice advised patients on how to achieve good oral health and maintain it.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. We saw evidence of the induction procedure having taken place for the newest member of staff.

Staff told us they had good 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). Records showed professional registration with the GDC was up to date for all relevant staff and we saw evidence of on-going CPD. Mandatory training included basic life support and infection prevention and control.

The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the practice manager was available for support and advice. Staff told us they had received annual appraisals and these covered topics including performance and future aspirations. We saw evidence of completed appraisal documents.

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. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proforma's or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and capacity to give informed consent. One staff member told us that the dentist frequently drew diagrams to help the patient understand the treatment and hence provide valid consent.

Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had an awareness and 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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that most of the patients had been attending the practice for a number of years and they had built up, good relations with them. We witnessed interactions between staff and patients to be friendly, helpful and compassionate.

The dentist told us it was part of the practice's ethos to provide a caring environment for the patients to be treated in. It was evident that from speaking with patients, reviewing comment cards and viewing interactions that this ethos was shared by all the staff.

We observed privacy and confidentiality was generally maintained for patients who used the service on the day of inspection. We observed staff were discreet and respectful to patients. Staff said that if a patient wished to speak in private, they would use the practice managers office to discuss things in private. Patients' electronic dental care records were password protected and regularly backed up to secure storage systems. The paper parts of the care records scanned into the electronic record and then securely disposed of.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. 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.

One member of staff told us that the dentist would frequently use models or draw diagrams to help patients understand their treatment. Patients commented that they were always fully informed of and involved with treatment decisions and were never pushed into a particular treatment. They were always aware of the cost of treatments. Patients were also informed of the range of treatments available and their cost on notices in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen within 24 hours if not the same day. Patients commented that they never had problems in getting emergency care when necessary. If the practice was ever closed during normal working hours there was an agreement to attend one of the other practices in the Tooth Booth Group for patients to contact in the event of a dental emergency.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

As part of the recent patient survey the practice had, conducted, there was a specific question about the availability of appointments and there had been positive feedback, a common theme was that they liked the evening and Saturday morning appointments so that they could attend with minimal impact to their work.

Tackling inequity and promoting equality

The practice had access to a telephone translation service if they needed this. The dentists were bi-lingual (English / Polish) so were able to converse with patients in another language if this helped them to understand their care and treatment.

There was level access into the building with all treatment rooms on the ground floor. There was also an accessible toilet which was spacious. Staff explained to us that a number of their patients were aging and they increasingly need to take frailty and limited mobility into account when providing services.

Access to the service

The practice displayed its opening hours in the premises and on the practice website. The opening hours were Monday, Tuesday and Thursday 8am to 8pm, Wednesday and Friday 8-00am to 5-00pm. And Saturday mornings 8am to 1pm.

Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in a timely way and the appointment system met their needs.

When treatment was urgent patients would be seen within 24 hours or sooner if possible.

When the practice was closed patients who required emergency dental care were signposted to a local NHS emergency dental service. Details for the emergency service were displayed in the waiting area, patient information leaflet and on the telephone answering system.

Concerns & complaints

The practice had a policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager or the practice owner to ensure responses were made in a timely manner. The practice manager and dentist told us that they aimed to resolve any complaints at a local level in the practice. However, if the patient wished to take the complaint further then contact details for other organisations were readily available.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room and in the practice information leaflet. There had not been any complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

We saw and discussed information about audits that had been carried out at the practice. We noted that there was a commitment to clinical governance and all aspects of the service provided was scrutinised through audit activity. The programme checked different areas of the service which included, but was not limited to, infection control, X ray equipment, the quality of X -rays, patient's records, patient satisfaction and dental waste.

We saw evidence of a number of audits. These covered areas such as radiation protection, fire safety, safeguarding, health and safety issues and infection control. We noted that an auditing system was used to ensure that all emergency medicines had not expired and that equipment, such as oxygen cylinders were effective and in good working order.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of good 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. All staff were aware of whom to raise any issue with and told us that the practice manager was approachable would listen to their concerns and act appropriately.

Learning and improvement

The practice recognised the value of developing the staff team through learning and development. We found that the clinical staff had all undertaken the necessary learning to maintain their continued professional development which is a requirement of their registration with the General Dental Council (GDC).

The practice held staff meeting on a monthly basis. We saw that staff were encouraged to take part in the content of these meetings. This included individual staff presenting agenda items for consideration and discussion at the meetings.

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

The practice had systems to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys. The patient satisfaction survey covered areas such as whether they had been involved in discussion about treatment, the availability of appointments and the overall confidence in the dental team. The most recent patient survey showed a high level of satisfaction with the quality of the service provided.

The practice also undertook the NHS Family and Friends Test and the recent results showed that 100% of patients who responded would recommend the practice to family and friends.