Toothpassion Limited

Toothpassion Ltd

Inspection report

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Overall summary

We carried out this announced focussed inspection 30 November 2021 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 provider 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 adviser.

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

• 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:

Are services safe?

We found this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services well-led?

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

Summary of findings

Background

Toothpassion Ltd is in Leeds city centre and provides private dental care and treatment for adults and children.

The practice has two treatment rooms which are both located on the first floor. City centre car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes four dentists, one dental nurse and a receptionist.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 Toothpassion Ltd is the principal dentist.

During the inspection we spoke with the principal dentist, the 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 Thursday: 9am to 5:30pm

Our key findings were:

- The provider had infection control procedures, these needed to be reviewed and improvements made, particularly in respect of manual cleaning.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. However, medical emergencies training, including basic life support was overdue for all staff.
- The provider's systems to help them manage risk to patients and staff needed to be reviewed.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The risks associated with Legionella were not effectively monitored and assessed.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The risks associated with the control of substances hazardous to health should be better identified and assessed.
- Staff provided preventive care and supported patients to ensure better oral health.
- Improvements should be made to the quality assurance systems to ensure effective leadership and a culture of continuous improvement.
- Improvements should be made to the quality assurance systems, particularly in relation to audit cycles within the practice.
- Staff felt involved and supported and worked as a team.
- Improvements should be made to staff knowledge and understanding of the Mental Capacity Act (2005) and how it relates to dentistry.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.

Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.

- Improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

- Take action to ensure audits of antimicrobial prescribing and dental care records are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Requirements notice** 
Are services effective?	**No action** 
Are services well-led?	**Requirements notice** 

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 Requirement Notices 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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. There was a designated lead person for safeguarding within the practice. They had completed safeguarding training to the required level.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. However, we saw the guidance was not always followed. There was a lead for infection control as recommended by the published guidance. The lead had undertaken infection control training in line with their continuing professional development.

The provider had introduced procedures to minimise the risks to patients and staff related to COVID-19. These included reduced patient numbers, social distancing, personal protective equipment for staff, and face coverings for patients and any chaperones.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments. At the time of this inspection, these were not in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was not being validated, maintained and used in line with the manufacturers' guidance. For example, tests on the autoclave which should be completed daily were being completed weekly.

The staff carried out manual cleaning of dental instruments prior to them being placed in the ultrasonic cleaner and the steriliser. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument. We saw that manual cleaning was not being carried out as identified in HTM 01-05, as water temperatures were not routinely being checked, and the cleaning solution being used was not as specified in national guidance.

The provider had suitable numbers of dental instruments available for the clinical staff.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned, However, hot and cold-water testing showed hot water temperatures were not reaching a temperature where the risk of Legionella would be reduced. Each water outlet had an electric water heater attached; checks showed these were not always heating water to temperatures above 50 degrees centigrade and could not be adjusted. Dental unit water line management was maintained as identified in HTM 01-05. A new Legionella risk assessment had been completed by an external company in September 2021 this had not identified the water heaters as an issue.

Are services safe?

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Measures were taken to ensure clinical waste was stored securely.

A review of the records showed that infection prevention and control audits which should be completed twice a year, as identified in HTM 01-05 had not been completed.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers throughout the building and fire exits were kept clear.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every six months following current guidance and legislation. The provider had registered with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for the X-ray units were available in line with the current regulations.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

A Covid-19 risk assessment had been completed. We observed staff were wearing personal protective equipment and a social distancing regime was in place.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Are services safe?

Some staff, but not all had completed sepsis awareness training. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency, however, training in emergency resuscitation and basic life support was overdue. The provider told us this would be arranged as soon as possible.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the clinicians when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had data information sheets related to substances that are hazardous to health, they did not have individual risk assessments for each product.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the clinicians how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Medical histories were sent to the patients electronically or updated in the practice using an electronic tablet. These were checked by the clinicians in the treatment room, and the results were recorded in the dental care records at each visit.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

The practice was dispensing antibiotic medication to patients who required them as part of their treatment plan. The provider did not have a stock control system of medicines which were held on site. This to ensure that medicines on site are accounted for, did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were not being completed. The College of General Dentistry guidelines identify these should be completed annually. These had been identified to be completed, but at the time of the inspection were still to be done.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

The practice had systems and processes to record, investigate and analyse any safety incidents that occurred. If relevant these were discussed with the rest of the dental practice team to prevent such occurrences happening again or as a learning exercise.

Are services safe?

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required. The practice reviewed regular Coronavirus (COVID-19) advisory information and alerts. Information was provided to staff and displayed for patients to enable staff to act on any suspected cases. Patients and visitors were requested to carry out hand hygiene and wear a mask on entering the premises.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

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

The dentists described the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after.

The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

The practice's consent policy referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age. The team were aware of the Mental Capacity Act 2005 (MCA) and understood their responsibilities under the act when treating adults who might not be able to make informed decisions. We saw improvements could be to the policies relating to the MCA and best interest decisions. The provider told us they would review the consent policy to address those areas identified for improvement.

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

Are services effective?

(for example, treatment is effective)

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. The relevant information was recorded in a detailed and clear manner and was easily accessible for clinical staff.

We saw that dental care records had not been audited in line with national guidance, the records showed the most recent audit had been in 2019. Guidance from the College of General Dentistry says these should be at least annually.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. However, we noted there were some gaps, for example medical emergencies training was overdue for all staff.

Co-ordinating care and treatment

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

The dentists 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 Requirement Notices 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.

Leadership capacity and capability

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and had addressed some, while having plans for further development in the near future.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population. The COVID-19 pandemic had reduced numbers of patients seen at the practice. However, the provider had taken steps to ensure the maximum number of patients who could receive an appointment, received one. Provided this could be done safely and giving due consideration to the restrictions imposed by COVID-19.

Culture

Staff stated they felt respected, supported and valued. Leaders had systems to identify and act on behaviour and performance that was not consistent with the vision and values of the practice. These included a range of human resources policies and procedures.

Staff discussed their training needs at annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans where appropriate in the staff folders.

The practice held regular staff meetings. Minutes were taken of the meetings as a record of discussions and for staff to be able to refer to decisions taken at the meetings.

The staff focused on the needs of patients, if any patients were unable to access the stairs they would be seen at another nearby dental practice.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability within the practice.

The provider had overall responsibilities for the management and clinical leadership and oversaw the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Systems to identify and manage risks were not effective. We identified risks in relation to:

Are services well-led?

- Infection prevention and control audits had not been completed in line with national guidance (HTM 01-05).
- The manufacturer's guidance was not always followed during infection control procedures.
- Water temperature checks were not being recorded during the manual cleaning process.
- Staff could not be sure the risk of Legionella developing in water systems had been effectively managed.
- Not all staff had completed sepsis awareness training.
- Medical emergencies training including basic life support training was overdue.
- There was no stock control system for medicines held on site to allow staff to account for the numbers, and to ensure medicines did not pass their use by date.
- The practice had not adequately assessed the risks associated with the control of substances hazardous to health (COSHH).
- Audits of antimicrobial prescribing had not been completed, and the College of General Dentistry guidelines were not being followed.
- Dental care records had not been audited since 2019.

Governance systems needed to be reviewed and systems and processes amended to reduce risks and make improvements.

Appropriate and accurate information

Staff were not acting on appropriate and accurate information, as audits were not being completed to assess and measure improvements.

Quality and operational information, for example surveys and audits were missing and there was no system to improve performance. Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

The practice gathered feedback from through a mixture of comments in a suggestion box in the waiting room and on-line reviews. Feedback that had been received had been positive, although the COVID-19 pandemic had seen the amount of feedback from patients reduced.

Staff told us a formal audit and review of patient feedback had not been completed for over a year.

Continuous improvement and innovation

The provider did not have effective systems and processes for learning, continuous improvement and innovation.

We saw that quality assurance processes to encourage learning and continuous improvement were not embedded. Audits of dental care records and infection prevention and control had not been completed. Radiography audits had been completed in June 2021 and action plans produced.

Improvements should be made to learning and improvement for the team and individual members of staff. We noted not all staff had up-to-date training to meet the requirements of their continuing professional development. For example, medical emergencies training was overdue.

This section is primarily information for the provider

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users **How the regulation was not being met** Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular: The validation of decontamination equipment was not being undertaken, in particular – • Steam penetration testing for the vacuum autoclaves at the practice, was not carried out in line with national guidance. • Manual cleaning was not being carried out as identified in HTM 01-05. Water temperatures were not routinely being checked, and the cleaning solution being used was not as specified in national guidance. • The risks associated with Legionella were not managed effectively as hot water outlets were not achieving a temperature of 50 degrees centigrade. • Staff training in basic life support and resuscitation was overdue. • Not all staff had completed sepsis awareness training. Regulation 12 (1)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Surgical procedures

Diagnostic and screening procedures

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The system and process for governance and quality control was ineffective.
- There was no schedule of audits to monitor progress and measure improvements.
- Infection prevention and control audits had not been completed in line with national guidance (HTM 01-05).
- The registered person had failed to ensure that all staff had completed essential training to meet the requirements of their continuing professional development and registration with the General Dental Council.
- The provider did not have oversight of the systems and processes relating to infection prevention and control. The national guidance (HTM 01-05) was not being followed and associated risks were not mitigated as a result.

Regulation 17 (1)