The Tooth Booth Group Limited

Tooth Booth Chichester

Inspection Report

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Overall summary

We carried out an inspection of this practice over two days, 23 January 2017 and 2 May 2017 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 Chichester is a dental practice providing NHS and private treatment for both adults and children. The practice is based in a converted commercial property in the centre of Chichester, West Sussex.

The practice has two dental treatment rooms both of which are based on the ground floor; and a separate decontamination room used for cleaning, sterilising and packing dental instruments. The practice is accessible to wheelchair users, prams and patients with limited mobility.

The practice employs two dentists, one dental nurse, two part time receptionists, a practice manager, and a cleaner; and a part time dental hygienist who provides private dental hygiene services.

The practice's opening hours are between 8.30am and 5.30pm from Monday to Friday, between 9am and 4pm on Saturdays.

There are arrangements in place to ensure patients receive urgent medical assistance when the practice is closed. This is provided by an out-of-hours service.

There was no registered manager at the time of our inspection at this location. We were told that the current practice manager was going through the CQC registration process to become 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'.

Summary of findings

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.

The inspection took place over two days and was carried out by a CQC inspector and a dental specialist advisor. We did not receive any completed CQC comment cards left at the practice for patients. On the days of the inspection there were no patients we could speak with.

Our key findings were:

- The practice appeared visibly clean.
- The practice had infection control procedures which followed published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- We found that the practice provided patient centred dental care in a relaxed and friendly environment.
- The practice had processes in place for safeguarding adults and children living in vulnerable circumstances.
- There was a process in place for the reporting of untoward incidents that occurred in the practice. Although the system for shared learning resulting from these incidents could be improved.
- 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 appointment system met patients' needs.
- The practice asked patients for feedback about the services they provided.

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.

The practice had policies and procedures in place for essential areas such as fire safety, infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). The provider had addressed the issues we had identified earlier.

We found that essential equipment such as the practice steriliser, compressor and X-ray sets equipment used in the dental practice were maintained in accordance with current guidelines.

The issues with respect to fire safety and infection control identified earlier had been addressed.

No action ✓

Are services effective?
We found that this practice was providing effective care in accordance with the relevant regulations. The dentist we spoke with and the dental care records we saw demonstrated that dental care provided was evidence based and focussed on the needs of the patients.

We noted that staff were maintaining their continuing professional development training in line with the requirements of the dental professional's regulatory body, the General Dental Council.

No action ✓

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

Patients' dental care records were stored mainly in an electronic format. Computers which contained patient confidential information were password protected and regularly backed up to ensure data security.

No action ✓

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

The service was aware of the needs of the local population and took these into account in how the practice was run.

Patients could access treatment and urgent and emergency care when required.

The practice was based on the ground floor and had level access into the building for patients with mobility difficulties and families with prams and pushchairs.

Complaints were handled in line with the practice policy.

No action ✓

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

No action ✓

Summary of findings

The provider had addressed the issues we had identified earlier. The practice had arrangements to ensure the smooth running of the service. These included the recent appointment of a practice manager and systems for the practice team to discuss the quality and safety of the care and treatment provided.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Tooth Booth Chichester

Detailed findings

Background to this inspection

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.

We carried out an inspection of the practice over two days, 23 January 2017 and 4 May 2017. Our inspection was carried out by a lead inspector and a dental specialist adviser.

During our inspection visit, we reviewed policy documents, practice records and dental treatment records. We obtained the views of six members of staff.

We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments, the systems that supported the patient dental care records and also observed staff interacting with patients in the waiting area.

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 inspections.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a policy in place explaining how the practice would deal with incidents relating to RIDDOR 2013 (reporting of injuries, diseases and dangerous occurrences regulations). We noted that there was an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff. Some staff lacked awareness of RIDDOR 2013 and the types of injuries which are reportable. We saw evidence that this was due to be discussed at a team meeting.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA).

Reliable safety systems and processes (including safeguarding)

The systems underpinning safer sharps usage appeared to be satisfactory. We also noted that a rubber dam kit was available in the practice for dentists to use in accordance with guidance issued by the British Endodontic Society. The dentist told us that these instruments were single patient use only. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.).

The practice had systems and processes in place should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Information was available in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. Training records showed that all staff had received safeguarding training for both vulnerable adults and children.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. Appropriate medicines were available according to current British National Formulary guidelines, and life-saving equipment detailed in the Resuscitation Council UK guidelines. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff had received training in how to use this equipment. At the inspection in May 2017 we saw evidence that all necessary checks on the emergency medicines and equipment were being carried out.

Staff knew what to do in a medical emergency and we saw evidence that staff had either completed training in emergency resuscitation and basic life support or were due to attend training in May 2017.

Staff recruitment

The practice had an employment policy which contained information pertaining to the checks required in recruiting staff.

We reviewed the records of all staff and saw that new members of staff at the practice received the appropriate checks to meet the requirements of schedule 3 of the Health and Social Care Act 2008.

Two members of staff were required to renew their Disclosure and Barring Service (DBS) checks. (The DBS 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 were sent evidence following the inspection that these checks had been applied for.

We saw records which demonstrated that staff had received an induction upon starting employment at the practice.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice maintained a system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice.

Are services safe?

The practice had in place a Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients.

The practice had current employer's liability insurance and checked each year that clinicians' professional indemnity insurance was up to date.

At the inspection in May 2017 we found that the fire risk assessment had been updated in April 2017. All fire escape routes were now clear. Combustible items were no longer stored next to the oxygen and compressor. Checks of the fire alarms were being logged. A fire drill had been completed.

Infection control

At our inspection in January 2017 we identified areas for improvement in relation to infection control and cleanliness of the practice. These improvements had been made and the practice now had effective systems in place to reduce the risk and spread of infection within the practice.

The practice had an infection control policy that had been reviewed recently. A review of practice protocols showed that HTM 01 05 (national guidance for infection prevention control in dental practices) Essential Quality Requirements for infection control were being met. An audit of infection control processes carried out in April 2017 confirmed compliance with HTM 01 05 guidelines.

We saw that the two dental treatment rooms, waiting area and toilet appeared visibly clean and tidy. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

Each treatment room had the appropriate routine personal protective equipment such as protective gloves and visors available for staff use.

Staff we spoke with described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out at the practice by a competent person in 2013. The recommended procedures contained in the report were carried out and logged appropriately. These measures ensured that patients and staff were protected from the risk of infection due to Legionella.

The practice had a separate decontamination room for instrument processing. Staff we spoke with demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing and an ultra-sonic cleaning bath for the initial cleaning process, following inspection with an illuminated magnifier; the instruments were placed in an autoclave (a device for sterilising dental and medical instruments).

When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclave used in the decontamination process was working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date. All recommended tests utilised as part of the validation of the ultra-sonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate file.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice

Are services safe?

used an appropriate contractor to remove clinical waste from the practice which was stored appropriately within the practice prior to collection. Waste consignment notices were available for inspection.

We saw that general environmental cleaning was carried out according to a cleaning plan developed by the practice. Cleaning materials and equipment were generally stored in accordance with current national guidelines.

Equipment and medicines

We noted essential equipment had been maintained in accordance with current guidelines, for example the practice steriliser had been serviced in May 2016, the compressor in May 2017 and the two X-ray sets in April 2017 and the X-ray processor in August 2016. Portable appliance testing had been carried out in December 2016.

We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and mercury spillage although a body fluid kit was missing. We saw documents to evidence that this was ordered on the day of the inspection.

We noted that NHS prescription pads were now securely stored.

Radiography (X-rays)

We were shown documentation in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). These documents contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were maintenance logs and a copy of the local rules.

Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. The practice carried out X-ray audits in February 2017.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Records we saw showed that dentists carried out consultations, assessments and treatment in line with recognised general professional guidelines. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve patient outcomes. This included dietary advice and general oral hygiene instruction such as tooth brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records we saw demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were carried out where appropriate during a dental health assessment. The clinical aspects of the dental care records we saw were accurate and fit for purpose.

Health promotion & prevention

Dental care records we saw demonstrated that advice given to patients included tooth brushing, diet and where appropriate on smoking cessation and alcohol consumption. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

Several members of staff were new to the practice and a practice manager had been appointed recently. We saw records demonstrating that all staff received an induction. The practice had implemented a log to track the continuing professional development (CPD) training of all staff. We saw that staff received an appraisal of their performance and all staff had personal development plans.

Working with other services

A procedure was in place if dentists needed to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as special care dentistry and orthodontic providers.

Consent to care and treatment

Staff we spoke with explained how they implemented the principles of informed consent; they had a clear understanding of consent issues and followed the procedures set out in the practice consent policy. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

Staff went on to explain how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They went on to say they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. Staff were familiar with the concept of Gillick competence in respect

Are services effective?

(for example, treatment is effective)

of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with dentists.

Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patients' privacy. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage.

Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

Involvement in decisions about care and treatment

Records we saw showed that the dentists provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS fees was displayed in the waiting area. Information was also available in the waiting area and on the practice website that detailed the costs of both NHS and private treatment.

Staff we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentist recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection, we looked at examples of information available to patients. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflet. This explained opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint.

We observed that the appointment diaries were not overbooked. It was the policy of the practice that any patient with dental pain be seen within 24 hours of contacting the practice.

The dentists decided how long a patient's appointment needed to be and considered any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice had made some reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other issues that may hamper them from accessing services. To improve access for patients the practice had level access throughout and treatment rooms were on the ground floor. A wheelchair accessible toilet was available.

Access to the service

The practice's opening hours were between 8.30am and 5.30pm from Monday to Friday, between 9am and 4pm on Saturdays. The practice utilised a free text message appointment reminder service.

The practice used the NHS 111 service to give advice in case of a dental emergency when the practice was closed. This information was publicised in the practice information booklet located in the waiting area.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal complaints from patients.

Information for patients about how to make a complaint was available in the practice waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

We looked at the complaints logged from the previous 12 months. These had been dealt with in accordance with practice policy and we saw evidence that learning from complaints was shared at staff meetings.

Are services well-led?

Our findings

Governance arrangements

Since the previous inspection in January there had been significant improvements in the governance arrangements at the practice. The systems for mitigating the risk relating to fire, checking that emergency medicines and lifesaving equipment were in date or functioning properly, validation of decontamination equipment, Legionella checks, environmental cleaning of the practice, clinical audit and managing complaints were all complete.

Leadership, openness and transparency

The practice had a whistleblowing policy. Since the appointment of a practice manager staff meetings had been resumed and we saw plans that these would be carried out on a monthly basis. We saw that minutes from staff meetings were thorough, detailed necessary actions to be taken by staff where appropriate; and were shared with all staff.

The practice had implemented a reception communication book to ensure that information was shared with staff on a day to day basis in the absence of formal meetings.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example, we saw evidence that the dental nurses received an annual appraisal.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice undertook the NHS Friends and Family Test (FFT). This is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. The practice also carried our patient satisfaction surveys. Patients commented that they were always given treatment plans and said that staff were friendly and helpful.

The practice encouraged staff to give feedback during staff meetings and informally through having an open door policy. The practice had reorganised the lay out of the reception desk to create a more welcoming environment and provide more work space to staff as a result of their feedback.