Teeth Innovation Ltd

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Inspection report

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Overall summary

We undertook a follow up focused inspection of Teeth Innovation Ltd on 6 February 2024. This inspection was carried out to review the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Teeth Innovation Ltd on 30 May 2023 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe, effective or well-led care, and was in breach of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for Teeth Innovation Ltd dental practice on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met, we require the service to make improvements. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

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

Our findings were:

Are services safe?

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

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 30 May 2023.

Are services effective?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 30 May 2023.

Are services well-led?

The provider had made some improvements in relation to the regulatory breaches found at our inspection on 30 May 2023. However, improvements implemented were not fully effective and further improvements were required.

Background

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

The practice is on the first floor which is accessed by stairs. Access is not available for people who use wheelchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

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

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

The practice is open:

Monday and Tuesday from 8.30am to 7pm

Wednesday from 8.30am to 1pm

Thursday and Friday from 9am to 4.30pm

Clinics are held on Mondays, Tuesdays and by request on Wednesdays.

We identified regulations the provider was not meeting. They must:

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

Full details of the regulation the provider was not meeting are at the end of this report.

Summary of findings

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

- Take action to ensure that all the staff understand the local process to escalate safeguarding concerns for children and vulnerable adults.
- Take action to ensure staff have the awareness to recognise, manage, follow up and where required, refer service users who may have sepsis for specialist care.
- Take action to improve the quality of audits of radiography and antimicrobial prescribing to improve the quality of the service. The 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?	**No action** ✓
Are services effective?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

Are services safe?

Our findings

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

Whilst there are still issues to be addressed, the impact of our concerns relate to the governance and the oversight of the risks, rather than a patient safety risk.

At the inspection on 6 February 2024 we found the practice had made the following improvements to comply with the regulations:

The practice had up to date safeguarding processes and information to support staff to fulfil their responsibilities in relation to safeguarding vulnerable adults and children. Safeguarding information was now displayed for patients in the bathrooms. All staff had completed up to date safeguarding training to the appropriate level for their role. However, discussions with staff highlighted a lack of awareness of the local sources of support in the event of a safeguarding concern, which could have an effect on safeguarding concerns being appropriately escalated.

Since our last inspection there have been no new staff members at the practice. Employment files for existing staff members had been improved to obtain photographic identification and external Disclosure and Barring Service (DBS) checks were held for staff. However, 1 of the DBS checks was not at the required enhanced level for their role. The practice did not have systems in place to carry out DBS checks for new staff. There was a lack of knowledge on right to work considerations and the recruitment policy and procedure had not been updated to support staff in ensuring all essential checks were carried out for future employees.

The practice still did not have an effective system to obtain evidence of immunity for blood borne diseases for clinical staff. Two clinical members of staff had received further vaccinations. However, this had not been appropriately followed up to ensure they had been effective or risk assessed.

Clinical staff were qualified and registered with the General Dental Council. The professional indemnity cover held for the dentist had been updated. However, we noted this was insufficient for the number of sessions worked. They took immediate action to contact their indemnity provider to increase this cover during the inspection.

The management of fire safety had been improved but was not yet embedded. A fire safety risk assessment had been carried out in June 2023 in line with the legal requirements. Evidence of servicing for the fire alarm and emergency lighting was in place and staff carried out and documented visual checks of these. Staff now carried out daily checks of the rear fire exit and 3 monthly fire drills. We highlighted these would need to include the scenario of the safe evacuation of a sedated patient. There were required actions in the fire risk assessment report that had been ticked as completed but we saw these had not been actioned. In particular, removing combustibles from a room with electrical control panels and ensuring the commissioning of fire extinguishers.

The practice had made improvements to ensure the safety of the X-ray equipment. The required radiation protection information was now available, including registration with the Health and Safety Executive and Radiation Protection Adviser (RPA) arrangements. A previously damaged X-ray unit had also been repaired. We highlighted the practice radiation protection supervisor should seek advice from their RPA to implement operator's procedures and update the local rules.

Some improvements had been made to the process to assess, monitor and manage risks to patient and staff safety. The sharps management process and associated risks for sharp's items in use at the practice had been assessed in line with current regulations. Staff confirmed that only the dentist was permitted to handle, dismantle and dispose of needles and other sharps to minimise the risk of inoculation injuries to staff, and they were aware of the importance of reporting inoculation injuries. The manager was in the process of establishing arrangements with local services to enable staff to access appropriate care and advice in the event of a sharps injury.

Are services safe?

We noted there were endodontic files which had been reprocessed for single-patient use. Single-patient use means the medical device may be used for more than 1 episode of care and on 1 patient only; the device may undergo some form of reprocessing between each use. However, some of the items in the pouches should not have been reprocessed, few of these stated the date when they were processed, and 1 set was dated November 2018 (processed instruments should not be stored for longer than 1 year before reprocessing or disposal). We highlighted the risks of manually cleaning these sharp items and staff confirmed these would be disposed of immediately.

Staff had received sepsis awareness training, but we found they had limited knowledge of the signs and symptoms. Sepsis information was available. However, we highlighted that this could be more prominently displayed in the practice to support staff to recognise suspected systemic infection, particularly when there was no clinician on site.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support. Immediate life support training had been completed by staff providing treatment to patients under sedation.

Emergency equipment and medicines were available and checked in accordance with national guidance. These were stored in a locked room. We discussed the need to ensure these are more quickly accessible to staff. We highlighted the airways sedation staff were trained and competent to use, and additional emergency medical oxygen should be available in the medical emergency kit prior to sedation being provided.

The systems for appropriate and safe handling of medicines had been improved. Antimicrobials were dispensed to patients as required. Medicines were stored securely, and logs would identify if any were missing. Antimicrobial prescribing audits had been introduced.

The practice had some systems to review and investigate incidents and accidents. There had been no reported incidents since our previous inspection. However, the policy and procedure had not been updated to support staff to ensure any future incidents are investigated and learned from effectively to prevent reoccurrence.

The practice thought they had signed up to receiving and acting on safety alerts, but we saw this was not the case. As a result, a recent relevant alert issued in September 2023 had been missed. We highlighted this alert so staff could take appropriate action and signposted staff to relevant sources and supporting information on how to receive future alerts.

The practice had also made further improvements:

Action had been taken to simplify the decontamination process to ensure the workflow is clear and easy for staff to follow. Ventilation in the decontamination room had been repaired, and infection prevention and control audits were now carried out 6 monthly.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. We highlighted that all lesser used taps should be flushed weekly and documented.

The practice ensured the facilities were maintained in accordance with regulations. The autoclave and compressor had recently been serviced and pressure vessel tested. The practice had introduced a system to ensure these checks were carried out at the required intervals.

Are services effective?

(for example, treatment is effective)

Our findings

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

At the inspection on 6 February 2024 we found the practice had made the following improvements to comply with the regulations:

The practice had systems to keep dental professionals up to date with current evidence-based practice. They had previously stopped providing conscious sedation until they could be assured this was carried out in line with national guidance. We saw evidence the sedationist and assisting staff had appropriate up-to-date sedation training. They had processes to ensure appropriate checks and ongoing monitoring of sedated patients were performed and documented.

Staff had appropriate patient discharge processes in place and were aware of the procedure to denature surplus midazolam before disposal. Midazolam is used to sedate patients before surgery or certain procedures.

The patient care records had been reviewed to ensure care is documented in line with recognised guidance.

We saw evidence it was consistently documented that patients were informed of their diagnosis, and the risks and benefits of treatment options discussed with them to make informed choices.

Staff had the skills, knowledge and experience to carry out their roles. We highlighted the induction should be updated to demonstrate safeguarding and medical emergency procedures are included.

Are services well-led?

Our findings

We found that this practice was not providing well-led care. The provider had made some improvements in relation to the regulatory breaches found at our inspection on 30 May 2023. However, the improvement actions implemented were not fully effective and further improvements were required. We have told the provider to take action. Full details of this action can be found in the Requirement Notices section at the end of this report.

At the time of inspection, the provider's registration was not in accordance with Care Quality Commission (Registration) Regulations 2009. The directorship of the organisation was not in line with the Dentists Act 1984, which states 50% or more of the directors must be a dental professional registered with the General Dental Council. A registered manager was also not in place. A registered manager is legally responsible for the management of services for which the practice is registered.

At the inspection on 6 February 2024 we found the practice had made the following improvements to comply with the regulations:

Significant improvement had been made in response to our previous inspection findings in relation to managing risks and performance issues. However, further improvements were required in relation to governance systems and oversight of fire safety, sharps risks, sepsis awareness, radiation protection, staff immunity and induction processes.

We were not assured there was effective leadership and oversight to ensure peoples' safety. The practice was still lacking systems and processes to proactively identify and mitigate risks, as a result there were further improvements needed to meet the regulation.

On the day of the inspection, staff were open to feedback. They were keen to show us the improvements they had made and demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

The governance system included policies, protocols and procedures that were accessible to staff. However, the content lacked relevant information to adequately support staff in fulfilling their role in line with the fundamental standards. Policies and processes should be updated to provide sufficient governance for staff to follow.

The practice had implemented some systems and processes for learning, quality assurance and continuous improvement. Audits of radiographs were now carried out at the required intervals. Audits of patient care records and antimicrobial prescribing were also in place. However, we found these could be further improved by using nationally approved guidance and audit tools to prompt more effective data collection. Clinical staff should be involved in the review of the findings of these to ensure there are clear conclusions and improvements can be evidenced where necessary.

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 17 HSCA (RA) Regulations 2014 Good governance 17(1) 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: 17(2)(a) There were ineffective systems and processes that failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • Effective systems and processes were not operated to make sure Teeth Innovation Ltd assessed and monitored the service against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. • We were not assured there was sufficient leadership and oversight to assess, monitor and improve the quality and safety of services provided. • We were not assured the practice had an appropriate policy and procedure to support staff to ensure incidents are investigated and learned from effectively to prevent reoccurrence. 17(2)(b) There were ineffective systems and processes to enable the registered person to assess, monitor and manage risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • The sharps management process and associated risks and responsibilities for all sharp's items in use at the practice had not been effectively mitigated in line with current regulations.

This section is primarily information for the provider

Requirement notices

- The system for receiving and responding to relevant patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England was ineffective.

- The registered person did not have an effective system to ensure the medical emergency kit was accessible to staff and included sufficient equipment and emergency medical oxygen appropriate to the services provided.

- The registered person had not ensured fire safety risks highlighted in the risk assessment had been appropriately mitigated.

17(2)(d)(i) There were ineffective systems and processes that failed to ensure the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- Policies and processes had not been updated to provide sufficient governance for staff to follow. The recruitment policy had not been updated to support staff to ensure all essential checks were carried out for employees. In particular, obtaining evidence of clinical staff immunity, DBS checks and appropriate professional indemnity cover.