

# The Tooth Booth Group Limited

# Tooth Booth Needham Market

## Inspection Report

Quinton's Court, 2 Station Road, Needham Market,  
Suffolk IP68AY

Tel: 01449722760

Website:

Date of inspection visit: 25 September 2017

Date of publication: 01/11/2017

### Overall summary

We carried out a focused inspection of Tooth Booth-Needham Market on 25 September 2017.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 17 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the area where improvement was required.

At the previous comprehensive inspection, we found the registered provider was providing effective, caring and

responsive care in accordance with relevant regulations. We judged the practice was not providing safe or well-led care in accordance with Regulation 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 Tooth Booth Needham Market on our website [www.cqc.org.uk](http://www.cqc.org.uk).

#### **Our findings were:**

##### **Are services safe?**

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

The provider had made improvements to put right some of the shortfalls we found at our inspection on 17 January 2017, although had failed to address a number of others.

##### **Are services well-led?**

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

The provider had made insufficient improvements to put right the shortfalls and had not dealt with the regulatory breach we found at our inspection on 17 January 2017.

# 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?

The provider had made some improvements to the safety of the service. This included implementing a safer sharps' system, purchasing a new ultra sonic bath, monitoring prescriptions and ensuring the safety of the portable X-ray unit. We found the provider had failed to address shortfalls in other areas such as the recording of untoward events, staff recruitment and infection control procedures.

No action



### Are services well-led?

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

regulations. We are now taking further action in relation to this provider and will report on this when it is completed. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes.

Governance procedures had failed to identify continued shortfalls in practice and staff did not receive regular appraisal of their performance. Staffing continued to be unstable and the practice relied heavily on locum nurses and dentists.

Enforcement action



# Are services safe?

## Our findings

At our previous inspection on 17 January 2017, we judged the practice was not providing safe care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 25 September 2017, we noted the practice had made some improvements to meet the requirement notice:

- A named lead had been appointed for safeguarding matters in the practice and this was clearly documented in safeguarding protocols.
- Clinicians now used a safer sharps system to reduce the risk of injury.
- Staff wore plastic aprons when decontaminating dental instruments to reduce the risk of cross infection.
- Daily emergency equipment checklists were completed by staff to ensure vehicles used in the practice's domiciliary service were loaded correctly.
- Essential recruitment information for agency nurses used in the practice had been obtained to ensure they were suitable and qualified for their role.
- A new ultrasonic bath had been purchased.
- The portable X-ray unit had been serviced and a comprehensive risk assessment had been undertaken to reduce any potential hazards in its use for staff and patients.
- All prescriptions that were issued were now logged in and out so they could be tracked and monitored.

However, the provider had failed to take action to address the following shortfalls we had identified in our previous inspection:

- We found little improvement in staff understanding of untoward events and how they could be used as learning opportunities to improve the service.
- Staff had not rehearsed medical emergency simulations to ensure their knowledge and skills were kept up to date.
- The sharps' bin in the decontamination room had not been signed or dated.
- Infection control audits had not been undertaken as frequently as recommended. We viewed the most recent audit that indicated the practice had scored 100% compliance with the infection control standards set out in HTM 01-05: Decontamination in primary dental practices, despite a number of shortfalls we found in relation to the practice's infection control procedures.
- Work surfaces in the decontamination room were still split and pieces were missing, making them difficult to clean. Lime scale which had built up around taps and sinks had not been removed.
- Instruments were manually cleaned in water and it was not clear if detergent was used.
- Recruitment processes were not robust. We found one instance where a member of staff was working without an appropriate DBS check, and no references could be found for another member.



# Are services well-led?

## Our findings

At our previous inspection on 17 January 2017, we judged the practice was not providing well-led care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 25 September 2017, we noted the practice had made some improvements to meet the requirement notice:

- All staff, including those who worked on the practice's domiciliary service, now attended practice meetings.

However, the provider had failed to take action to address the following shortfalls we had identified in our previous inspection:

- Staffing continued to be unstable and the practice was relying heavily on locum dentists and nurses to maintain the service. The previous practice manager was no longer in post and a new manager had been recruited about three weeks prior to our inspection.
- Staff had not received any specific training in working with people with dementia, despite providing services to a number of older people in care homes. Not all staff had received an appraisal of their performance. No observational checks were undertaken of staff performance to ensure they were working in accordance with the practice's own protocols and national guidance.
- An audit of antibiotic prescribing had still not been completed.
- The practice's own governance systems had failed to identify the shortfalls we found during both our inspections.

This section is primarily information for the provider

## Enforcement actions

### 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<br>Services in slimming clinics<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br><b>We found that insufficient improvements had been made to put right the shortfalls we found at our inspection on 17 January 2017. There continues to be a breach of regulation and we have served a warning notice as a result.</b> |