

Dr. Peter Tsakpo

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Inspection report

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Date of inspection visit: 03/08/2023
Date of publication: 22/09/2023

Overall summary

We undertook a follow up focused inspection of Dr Peter Tsakpo on 3 August 2023. This inspection was carried out to review in detail 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 adviser.

We undertook a comprehensive inspection of Dr Peter Tsakpo on 5 April 2022 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 well-led care and was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also carried out a follow up inspection on 6 October 2022 where the provider had made insufficient improvements to put right the shortfalls identified and had not responded to the regulatory breach we found at our inspection on 5 April 2022.

You can read our reports of those inspections by selecting the 'all reports' link for Dr Peter Tsakpo dental practice on our website www.cqc.org.uk.

When one or more of the five questions are 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 areas where improvement was required.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

Are services well-led?

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

Summary of findings

The provider demonstrated some improvements but had taken insufficient action to put right the shortfalls identified at our inspection on 6 October 2022 and previously on 5 April 2022.

Background

Dr Peter Tsakpo is in Little Horton, Bradford and provides NHS and a small amount of private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Roadside parking is available near the practice.

The dental team includes 3 part-time dentists, 4 dental nurses (1 of whom is a trainee), and 2 receptionists. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentists and 2 dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday, 9:30am to 12:15pm and 2pm to 5:15pm

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

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

Requirements notice



Are services well-led?

Our findings

We found that this practice was not providing well-led care. Whilst the provider demonstrated some improvements had been made, they had taken insufficient action to comply 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).

At the inspection on 3 August 2023 we found the practice had made some improvements to comply with the regulation:

- Additional safety needle re-sheathing devices were in place and information for staff to report any sharps incident was in place. We saw a recent example where this process had been followed. We did not see evidence of any review or investigation of this incidence to demonstrate learning and prevent reoccurrence.
- We saw that a detailed role-specific induction was undertaken for new staff members.
- The boiler had been replaced and a new Legionella risk assessments had been carried out. The recommendations had been fully implemented. Water temperatures were monitored and within the accepted ranges. A written scheme of control had been implemented and staff responsible had received appropriate training.
- Staff understood the correct cycle to use on the steriliser and appropriate validation and testing was carried out for this equipment. Six-monthly audits of infection prevention and control were carried out. Action had been taken to replace a damaged dental chair. We saw there were still unsealed surfaces in the decontamination room which should be addressed to ensure effective cleaning.
- The provider had taken action to ensure that clinical staff had received the necessary vaccinations to protect them for blood borne diseases and that their level of immunity was checked. The provider had not acted on all the recommendations in laboratory reports for clinical staff who had identified as low responders to the Hepatitis B vaccination.
- Some action had been taken to ensure the required radiation protection information was available to staff. This included the required registration with the Health and Safety Executive. The Health Protection Agency had provided the practice with a report in October 2022 detailing the information required but this had not been acted on. These recommendations included radiation protection supervisor training, implementing operator procedures, routine surveillance of equipment and quality assurance processes.
- The provider had taken action to ensure that all hazardous substances were risk assessed in line with the Control of Substances Hazardous to Health Regulations 2002. We highlighted the organisation of these could be improved to ensure specific data sheets could be quickly located in the event of an incident.
- Audits of radiography and dental care records had recently been carried out. These concluded that there were some issues around the frequency and quality of radiographs, quality of documented assessments and periodontal care which were not in line with nationally accepted evidence-based standards and guidance. Some action had been taken to address these, but this was not sufficient to demonstrate learning and improvement. We noted some gradings of periodontal (gum) condition did not align with the clinical presentation and evidence seen in radiographs.
- Staff had received training to recognise the signs and symptoms of sepsis and prompts were displayed to support them to triage patients. Staff had completed medical emergency training.
- We saw governance and oversight had improved with the introduction of a compliance system to support the provider to meet the regulations. The information and evidence presented during the inspection process was clear and well documented.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 Good governance</p> <p>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.</p> <p>How the Regulation was not being met</p> <p>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:</p> <ul style="list-style-type: none">• The registered person had not taken sufficient action to ensure that clinical staff received the necessary follow up investigations where levels of immunity to Hepatitis B were low.• Insufficient action had been taken to ensure the required radiation protection information, the Local Rules and the Radiation Protection File were up to date.• Audits of radiography and dental care records had recently been carried out. Findings demonstrated that there were some issues around the frequency and quality of radiographs, quality of documented assessments and periodontal care were not in line with nationally accepted evidence-based standards and guidance. Insufficient action had been taken to address these.

This section is primarily information for the provider

Requirement notices

- The registered person did not ensure there were systems and action plans in response to incidents to ensure that learning points were observed, documented and shared with staff to prevent reoccurrence.

Regulation 17(1)