

Trinity Dental Practice Partnership

Trinity Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 25 May 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 practice 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 second inspector and a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment,

We usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- 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:

- There were areas of the practice which were visibly unclean and dusty.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines but not all life-saving equipment were available.
- The practice had systems to help them manage some risk to patients and staff and these required improvement.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system did not always take account of patients' needs.
- Systems for dealing with complaints were being updated to ensure these were dealt with positively and efficiently.
- The dental clinic had some information governance arrangements.

Staff integrity and dishonesty

Background

The provider has 27 practices and this report is about Trinity Dental Practice.

Trinity Dental Practice is in Eastbourne and provides NHS and private dental care and treatment for adults and children.

The practice is accessed via several steps. Car parking spaces are available near the practice.

The dental team includes one dentist, two trainee dental nurses, one dental hygienist/therapist, two receptionists and a practice manager. The practice has three treatment rooms.

During the inspection we spoke with one dentist, one trainee dental nurse, one receptionist, the practice manager, the compliance manager and deputy compliance manager for the company. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8.30am to 5.30pm

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

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulations 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 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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. However, improvements were required to these. Following the inspection, we were sent evidence that the practice had implemented a modern-day slavery policy and had updated other policies to include all necessary information.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. We noted that there was no infection control lead. Following the inspection, we were told that a dental nurse trainer had been recruited to ensure that trainee dental nurses received appropriate training and supervision.

The practice had some procedures to reduce the risk of Legionella or other bacteria developing in water systems and these required improving. Water temperature monitoring for May 2022 demonstrated that the hot water was consistently below the 50 degrees centigrade threshold. No actions had been taken to rectify this and reduce the risk of Legionella bacteria developing.

The practice had policies and procedures in place to ensure clinical waste was segregated. However, the storage was not appropriate as the clinical waste bin was overflowing and could not be closed securely.

We saw that environmental cleaning of the practice required improvement. The staff kitchen and all toilets were visibly unclean and dusty. There were no sanitary waste bins in any toilet. A cleaning schedule for these areas was seen and had not been completed daily.

The practice had a recruitment policy and procedure to help them employ suitable staff although this required review and updating.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured most of the equipment was safe to use and maintained and serviced according to manufacturers' instructions. However, staff told us the X-ray equipment had recently been serviced but there was no evidence of this. We saw some areas of the practice that were in poor repair.

We saw that the practice did not have a fire risk assessment and the management of fire safety was ineffective. The practice was not able to sound the fire alarm as this required the use of a key which the practice did not have. Fire extinguishers were found to have last been serviced in 2017, some fire extinguishers had never been serviced. Emergency lighting was not checked, and the practice could not tell us the last time that a fire drill had been completed. Two days prior to the inspection the practice had located a previously unknown door and fire exit within the building. The building also contains four self-contained flats with tenants. These issues were discussed on the day and we were told that a fire risk assessment would be completed. Following the inspection, the practice was referred to the local fire service and we were sent evidence that the fire risk assessment had been booked. We saw that servicing of the fire extinguishers; emergency lighting and fire alarm had also been booked. We were also told that staff had been shown how to test the fire alarm and that a log sheet had been implemented to ensure checks of the functioning of the fire safety equipment were completed. A fire drill was due to be carried out.

Are services safe?

We noted that the boiler had not been serviced. We were sent evidence following the inspection that a service had been booked.

Similarly, there was no electrical installation condition report (fixed wire five-year electrical safety test). Following the inspection, we were sent evidence that this had been completed.

The practice had some arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We saw that an isolation switch on one X-ray unit was broken. There was no evidence to demonstrate that an engineer had been contacted to replace this. We noticed that there was no action plan on the radiography audit, and these were not carried out six-monthly in line with current guidance.

Risks to patients

The practice had limited systems to assess, monitor and manage risks to patient and staff safety and some of these required improvements.

For example, there had been one sharps injury. Whilst this had been documented in an accident book there was no evidence that it had been logged as a significant incident and discussed and shared with the practice team to prevent reoccurrence. We saw that staff had received training in sharps.

Emergency medicines and most equipment were available in accordance with national guidance. However, we saw that the practice had no gloves, razor or scissors available for use with the automated defibrillator device (AED). Checks of the equipment were ineffective as they had not identified these missing items.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. However, there was no information available for staff on potential poisonous substances. The risk assessment referred to contacting a poison centre, but no contact information was available.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. However, we saw the prescription log did not contain all relevant details.

Track record on safety, and lessons learned and improvements

The practice did not yet have a system for reviewing and investigating incidents and accidents. We saw that there had been one significant incident recently which had been documented in the accident book, but no significant event analysis had been recorded or carried out. The practice told us of their plans to review all incidents in order to share learning and prevent reoccurrence.

The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found 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 professionals up to date with current evidence-based practice.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

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

Staff understood their responsibilities under the Mental Capacity Act 2005.

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

The practice kept detailed dental care records in line with recognised guidance.

We saw evidence the dentists justified, graded and reported on the radiographs they took. We saw a recently compiled radiography audit, but these had not been completed six-monthly following current guidance and legislation. There was no documented action plan as a result of the audit.

Effective staffing

Some staff had the skills, knowledge and experience to carry out their roles. Some staff had recently been appointed and were still in training.

The practice had recently implemented a structured induction for newly appointed staff although we saw that two new members of staff had not yet received an induction. Clinical staff completed continuing professional development required for their registration with the General Dental Council.

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

The information and evidence presented during the inspection process was not always clear and accessible. Some staff present on the day of the inspection had been recently recruited. Prior to their employment there had been little oversight of the practice by the provider.

Following the inspection, we were told that the practice had recruited more staff to assist with environmental cleaning and reception duties as well as a further four full time trainee dental nurses. Additionally, the company had recruited a dental nurse trainer to ensure that trainee dental nurses received appropriate training and supervision.

Systems and processes were in the process of being implemented, and staff worked together.

Culture

The practice staff were working towards making improvements to provide sustainable services.

Staff discussed their training needs during annual appraisals. The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Improvements were underway to ensure that staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures which required improvement. These were not always accessible or reviewed in appropriate timescales. Some policies, for example a Health and Safety Policy were regarding another dental practice and therefore not relevant. Staff could not always find documents, for example, those pertaining to recruitment.

We saw there were not always clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. However, staff were not aware of requirements in relation to closed-circuit television (CCTV) and there was no privacy impact assessment to support the use of this.

Engagement with patients, the public, staff and external partners

We did not see evidence that feedback was obtained from patients. The practice did not have systems in place to gain staff views and issues for improvements; we did not see evidence that showed the practice listened to staff if they raised concerns.

We noted that improvements were required in how the practice dealt with complaints. We did not see a system for logging complaints and sharing in order to identify themes, trends and for learning to take place. Staff told us they received verbal complaints, but these were not logged and actioned. We were told that systems were due to be implemented to enhance complaints management.

Continuous improvement and innovation

Are services well-led?

The practice had recently implemented quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. We noted that improvements in these areas were required.

We saw the records of the results of these audits and noted there was no resulting action plan for the radiography audit. We requested the practice disability access audit, but this was not provided.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not done all that was reasonably practicable to assess and mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• There was no fire risk assessment.• Fire extinguishers had not been serviced annually since 2017.• The practice could not test the fire alarm to check its working order as this required a key which they did not have.• Emergency lighting was not checked.• There was no evidence a fire drill had been carried out.• No actions had been taken to mitigate the risks associated with poor fire safety when the practice staff identified them five months prior to the inspection.• There were no gloves, razor or scissors to accompany the Automated External Defibrillator.• Checks of the medical emergency equipment had not identified the missing items listed.• Areas of the practice were visibly dirty and dusty.• Environmental cleaning logs were not completed.• There were no sanitary waste bins in any toilet.• The clinical waste bin was overflowing, and the lid could not be closed securely.• Logging of the hot water temperatures had not identified that the temperature was lower than that recommended, therefore, no action had been taken to rectify the low temperatures recorded.• There was no electrical installation condition report (EICR).• The isolation switch on one x-ray unit was broken and we saw no evidence that an engineer had been contacted to rectify this.

Requirement notices

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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:

- There had been one sharps injury, whilst documented in an accident book there were no processes for discussing such incidents and sharing with the practice team to ensure risk reduction in the future.
- Staff lacked awareness of the requirements in relation to the use of closed-circuit television (CCTV) and there was no privacy impact assessment for this.
- No induction was seen for two staff members.
- Documents such as staff personnel files were not always easily accessible or organised in a cohesive manner.
- Policies were not always personalised or relevant to the practice and contained information regarding other locations, for example, the health and safety policy.

Radiography audits were not completed six-monthly in line with current guidance and did not identify or document action plans.