

Triangle Dental Limited

Triangle Dental

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 9 January 2024 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 specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The practice had infection control procedures which reflected published guidance, but improvements were needed.
- Staff knew how to deal with medical emergencies.
- 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, but improvements were needed.
- Staff provided preventive care and supported patients to ensure better oral health.

Summary of findings

- The practice had systems to manage risks for patients, staff, equipment, and the premises but improvements were needed to ensure processes were effective.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff felt involved, supported, and worked as a team.
- Patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.

Background

Triangle Dental in Reading, Berkshire and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 9 dentists, 7 qualified dental nurses, 3 trainee dental nurses, 2 dental hygienists, 2 practice managers and 7 receptionists.

The practice has 5 treatment rooms.

During the inspection we spoke with 5 dentists, 3 dental nurses, 2 receptionists and the practice managers. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- 8am to 8pm Monday to Thursday
- 8am to 7pm Friday
- 8am to 1pm Saturday

We identified regulations the provider was not complying with. 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.

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

- Implement a system to ensure private patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.
- Take action to ensure the clinicians take into account the guidance provided by the National Institute for Clinical Excellence (NICE) when dispensing antibiotic medicines.

Summary of findings

The practice managers accepted the shortfalls that we raised and took immediate action the day of our inspection to begin to address these.

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report but we cannot say that the practice is compliant for that key question as this would not be an accurate reflection of what was found on the day of our inspection.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	Requirements notice ✗

Are services safe?

Our findings

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

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.

The practice had infection control procedures which reflected published guidance, but improvements were needed. Specifically:

- Local anaesthetic cartridges were not stored appropriately in treatment room 2.
- Un-pouched Bur, a type of cutter used in a dentist's handpiece, were present in every treatment room.
- Cotton wool rolls were not stored appropriately in every treatment room.
- Instruments were cleaned using manual cleaning techniques. Ratios of cleaning solution to water did not follow the instructions on the cleaning solution.
- A recent infection prevention and control audit did not reflect current practice.
- Autoclave validation checks were not carried out appropriately when the vacuum autoclaves were used as non-vacuum autoclaves.

Since our visit we have received evidence which confirms these shortfalls have been addressed.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. However, evidence to confirm that dental unit water lines were flushed between patients was not available. We have since received evidence which confirms this shortfall has been addressed.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

Improvements were needed to ensure the practice was kept clean. In particular:

- Colour coded cleaning equipment was not stored appropriately.
- Soft furnishings on seating was present in clinical areas. A cleaning protocol for these was not available.
- The environmental cleaning policy did not reflect current practice.
- Evidence of oversight of cleaning standard checks was not available.

Since our visit we have received evidence which confirms these shortfalls have been addressed.

Recruitment checks had not been conducted in accordance with relevant legislation to help them employ suitable staff.

We looked at six staff member's recruitment records and found that evidence of the following checks was unavailable:

- One did not have eligibility to work in the UK.
- One did not have photographic identity.
- One did not have a health assessment.
- Four did not have employment references.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The provider did not have effective fire safety management procedures. In particular:

Are services safe?

- Annual servicing of the fire extinguishers was overdue. We have since received evidence which confirms this shortfall has been addressed.
- A fire alarm testing checklist was completed up to October 2023. The most recent checklist was not available.
- An emergency lighting testing checklist was not available.
- Emergency lights took the form of battery-operated, plug-in torches. We noted the one situated in the staff room was not on charge.
- A fire risk assessment was carried out by someone who could not demonstrate fire safety management competence.
- The most recent annual fire drill did not include all staff.
- A waste bin at the rear of the property was not lockable or tethered away from the building which made it at risk of unauthorised interference and potential arson.
- Battery operated smoke detectors were in use around the practice. All of these went out of date in 2013.

We have since received evidence which confirms these shortfalls have been addressed.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT) X-ray equipment.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

Improvements were needed to ensure that emergency equipment and medicines were available and checked in accordance with national guidance.

We reviewed the emergency medicines and equipment bags and found that:

- Oropharyngeal airways (sizes 0, 1, 2, 3, 4) were out of date.
- The adult self-inflating bag with reservoir and clear facemask was out of date.
- The child self-inflating bag with reservoir and clear facemask was out of date.
- An 'in date' and 'out of date' child sized defibrillator pad was present.
- The mercury spillage kit was out of date.

We have since received evidence which confirms these shortfalls have been addressed.

- The emergency medicines availability checklist was completed up to October 2023. The most recent checklist was unavailable
- Emergency medicines were checked monthly. Resuscitation Council UK guidelines state checks should be carried out at least weekly.
- Medical emergency equipment was not checked to ensure it was available and usable.
- Both 'in date' and 'out of date' glucose was present.

We have since received evidence which confirms these shortfalls have been addressed.

Window blind adjustment looped cords were not tethered to window frames which may pose a risk of choking to young children in the waiting area. We have since received evidence which confirms this shortfall has been addressed.

Improvements were needed to ensure the safety of staff who worked alone. We found:

- A lone worker risk assessment was not available for the hygienist.
- A lone worker risk assessment was not available for the cleaner working out of hours.
- A lone worker risk assessment was not available for the dentist working out of hours.

We have since received evidence which confirms these shortfalls have been addressed.

Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Patient care records were complete, legible, 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 did not have systems in place for appropriate and safe handling of medicines. In particular:

- Dispensed medicines were not stock controlled or stored effectively.
- Prescriptions were not stock controlled or stored effectively.
- Metronidazole antibiotic was prescribed and dispensed to treat infections. Evidence of the rationale for dispensing against NICE guidance of 7 days was not apparent.

We have since received evidence which confirms these shortfalls have been addressed.

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

The practice did not have a General Data Protection Regulation (GDPR) compliant accident record book. We have since received evidence which confirms this shortfall has been addressed.

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.

Dental implants

We saw the provision of dental implants was in accordance with national guidance.

Single-use implant placing components that had been sterilised and stored for possible re-use were seen in a treatment room. Single use items should be disposed of after use. We have since received evidence which confirms this shortfall has been addressed.

Helping patients to live healthier lives

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

involvement in local schemes

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They 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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

Evidence was not available to demonstrate that all staff had the skills, knowledge and experience to carry out their roles.

Training was not kept in an ordered way or monitored effectively to ensure relevant staff had carried out training at required intervals.

Evidence presented to us confirmed that:

- Eight out of nine staff completed five hours of ionising radiation (medical exposure) regulations training. We have since received evidence which confirms this shortfall has been addressed.
- Twenty four out of 30 staff carried out Basic Life Support training in the previous 12 months. We have since received evidence which confirms that a further 1 staff member has carried out training since our visit.

Are services effective?

(for example, treatment is effective)

- Twenty three out of 30 staff carried fire safety training in the previous 12 months. We have since received evidence which confirms that a further 7 staff have carried out fire safety training since our visit.

Newly appointed permanent staff had a structured induction.

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 caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

On the day of inspection, we spoke with 3 patients who told us they were very satisfied with the care and treatment they received.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, videos, X-ray images and an intra-oral camera.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including

step free access, lowered reception desk, a hearing loop and vision aids. for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, and social media page.

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

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 Notice 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

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective. The practice has introduced an online compliance system to assist with task management going forward.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

Governance and management

The provider had overall responsibility for the clinical leadership of the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures. These were accessible to all members of staff, but systems were not routinely followed. We have since received evidence which confirms this shortfall has been addressed.

We saw there were clear and effective processes for managing risks, issues and performance but these were not followed which resulted in poor risk management at the practice.

The management of infection control, recruitment, training, fire safety, emergency medicines, and lone working required improvement. We have since received evidence which confirms these shortfalls have been addressed.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings, surveys, and informal discussions.

Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement

The practice had systems and processes for learning, quality assurance, continuous improvement.

Are services well-led?

These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control.

We were shown audits for patient treatment care record-keeping, radiography and antibiotic prescribing. These audits did not identify specific clinicians which meant that improvement action planning could not be directed appropriately. We have since received evidence which confirms these shortfalls have been addressed.

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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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">• Infection Control Local anaesthetic cartridges were not stored appropriately in treatment room 2.• Un-pouched burs, a type of cutter used in a dentist's handpiece, were present in every treatment room.• Cotton wool rolls were not stored appropriately in every treatment room.• Evidence to confirm that dental unit water lines were flushed between patients was not available.• Instruments were cleaned using manual cleaning techniques. Ratios of cleaning solution to water did not follow the instructions on the cleaning solution.• A recent infection prevention and control audit did not reflect current practice.• Autoclave validation checks were not carried out appropriately when the vacuum autoclaves were used as non-vacuum autoclaves. <p>Environmental Cleaning</p> <ul style="list-style-type: none">• Colour coded cleaning equipment was not stored appropriately.• The environmental cleaning policy did not reflect current practice.• Evidence of oversight of cleaning standard checks was not available.• Soft furnishings on seating was present in clinical areas. A cleaning protocol for these was not available. <p>Fire safety</p> <ul style="list-style-type: none">• Annual servicing of the fire extinguishers was overdue.

Requirement notices

- A fire alarm testing checklist was completed up to October 2023. The most recent checklist was not available.
- An emergency lighting testing checklist was not available.
- Emergency lights took the form of battery-operated, plug-in torches. We noted the one situated in the staff room was not on charge.
- A fire risk assessment was carried out by someone who could not demonstrate fire safety management competence.
- The most recent annual fire drill did not include all staff.
- A waste bin at the rear of the property was not lockable or tethered away from the building which made it at risk of unauthorised interference and potential arson.
- Battery operated smoke detectors were in use around the practice. All of these went out of date in 2013.

Medical Emergencies

- The emergency medicines availability checklist was completed up to October 2023. The most recent checklist was unavailable
- Emergency medicines were checked monthly. Resuscitation Council UK guidelines state checks should be carried out at least weekly.
- Medical emergency equipment was not checked to ensure it was available and usable.
- Both 'in date' and 'out of date' glucose was present.
- Oropharyngeal airways (sizes 0, 1, 2, 3, 4) were out of date.
- The adult self-inflating bag with reservoir and clear facemask was out of date.
- The child self-inflating bag with reservoir and clear facemask was out of date.
- An 'in date' and 'out of date' child sized defibrillator pad was present.
- The mercury spillage kit was out of date.

Window blind adjustment looped cords were not tethered to window frames and may pose a risk of choking to young children in the waiting area.

Implants

Requirement notices

- Single-use implant placing components that had been sterilised and stored for possible re-use were seen in a treatment room.

Lone working

- A lone worker risk assessment was not available for the hygienist.
- A lone worker risk assessment was not available for the cleaner working out of hours.
- A lone worker risk assessment was not available for the dentist working out of hours.

Safe and appropriate use of medicines

- Dispensed medicines were not stock controlled or stored effectively.
- Prescriptions were not stock controlled or stored effectively.

General Data Protection Regulations

- The practice did not have a General Data Protection Regulation (GDPR) compliant accident record book.

Recruitment

We looked at six staff member's recruitment records and found evidence of the following checks was unavailable:

- One did not have eligibility to work in the UK.
- One did not have photographic identity.
- One did not have a health assessment.
- Four did not have employment references.
- One did not have professional indemnity cover which included the placement of implants.

Staffing

Evidence presented to us confirmed that:

- Eight out of nine staff completed five hours of ionising radiation (medical exposure) regulations training.
- Twenty four out of 30 staff carried out Basic Life Support training in the previous 12 months.
- Twenty three out of 30 staff carried fire safety training in the previous 12 months.