Dr. Peter Tsakpo

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Inspection report

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Overall summary

We carried out this announced focused inspection on 5 April 2022 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:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance. We discussed changes that could be made to the decontamination workflow.
- Appropriate medical emergency medicines were available. Some sizes of oxygen mask were not available and not all staff had received training to deal with medical emergencies.
- The practice had recently carried out some assessments of risks to patients and staff. Further review of risks in relation to sharps safety, staff immunity and hazardous substances was required.

Summary of findings

- 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. We found these were not followed and essential checks were not carried out on new staff.
- Current clinical guidelines should be reviewed to ensure care and treatment is consistently provided in line with these, in particular, periodontal assessment and care.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff felt involved and worked as a team.
- Staff and patients were asked for feedback about the services provided.

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 five part-time dentists, four dental nurses, (two of whom are trainees), and two receptionists. The practice has two treatment rooms.

During the inspection we spoke with two dentists, two dental nurses, and the practice manager. 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 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:

- Take action to ensure the clinicians carry out patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

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 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 recently implemented safeguarding processes, including staff completing training and knew their responsibilities for safeguarding vulnerable adults and children.

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 discussed adjustments to the workflow in the decontamination room to improve the process.

A risk assessment had been recently undertaken in respect of Legionella risk. Dental unit water line management had recently been introduced appropriately. Routine water temperature testing had not been implemented as there was confusion over the process. The practice manager confirmed this would be addressed.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at all staff recruitment records. Photographic identification or proof of the right to work in the UK had not been obtained for five members of staff.

Enhanced Disclosure and Barring Services checks had not been undertaken at the time of recruitment for ten members of staff, and there was no evidence the risks around this had been considered. The provider was unable to demonstrate that satisfactory evidence of conduct in previous employment had been sought for ten members of staff.

Improvements were also needed for the system to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. Vaccination logs and records to show the effectiveness of the vaccination were not available for eight staff members.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. A new system was in place to ensure the facilities were maintained in accordance with regulations. We saw clinical waste bags and other items had been stored in the cellar. They were stored in such a way that made accessing equipment in the cellar difficult and the risks to staff had not been considered and mitigated.

A fire risk assessment had recently been carried out in line with the legal requirements. The management of fire safety was not effective. The practice manager had taken action to act on the risk assessment recommendations to arrange for the installation of fire detection systems and arrange staff training. Fire extinguishers were available and serviced annually.

The practice had some arrangements to ensure the safety of the X-ray equipment. The required radiation protection information including the Local Rules and the Radiation Protection File were not up to date. The provider confirmed they would seek advice from their radiation protection advisor to address this.

Risks to patients

Are services safe?

The practice had some systems to assess, monitor and manage risks to patient and staff safety. These had been introduced by the new manager who engaged the services of an external health and safety company. The provider had not assessed and reduced risk relating to the handling and disposal of dental sharps by staff. Safer sharps or safety devices were not in place, and we saw previous sharps injuries documented in the accident book had not been followed up appropriately.

Emergency equipment and medicines were available. We noted that an expired medicine retained for training had not been removed from the kit, and not all sizes of oxygen mask were available; this was immediately addressed. The practice manager had recently introduced a system to check these in accordance with national guidance.

Not all staff had completed up to date training in emergency resuscitation and basic life support. The practice manager showed evidence they had booked this for the team.

The practice had some risk assessments to minimise the risk that could be caused from substances that are hazardous to health. In particular, we saw unlabelled substances in the dental surgeries.

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. The practice manager had recently introduced a system to log NHS prescriptions.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice did not have 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 some systems to keep dental professionals up to date with current evidence-based practice. We found inconsistencies in the use of radiographic and periodontal assessment and diagnosis in patients' dental care records. This was discussed with the principal dentist to address.

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

There were inconsistencies in the information recorded within the dental care records we looked at. For example, we noted that some dental care records lacked whether periodontal disease diagnosis are communicated to and discussed with patients.

We saw evidence the dentists justified and reported on the findings and the quality of the radiographs they took.

Effective staffing

The practice manager had recently introduced a system to ensure staff had the skills, knowledge and experience to carry out their roles and completed continuing professional development as required for their registration with the General Dental Council. There was no evidence that a role-specific induction had been undertaken for eight members of staff.

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 practice manager demonstrated a transparent and open culture in relation to people's safety. They had been in post for a short period of time. They demonstrated strong leadership and emphasis on continually striving to improve. Prior to this there was a lack of leadership and oversight at the practice.

The practice manager had identified issues in the health and safety oversight at the practice and taken swift action to prioritise and address these, but systems and processes were not yet embedded.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had developed processes to support and develop staff with additional roles and responsibilities.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over the previous weeks since the manager started.

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

There was a system for staff to discuss their training needs informally, during annual appraisals, one to one meetings and during clinical supervision.

The practice had introduced arrangements to ensure staff training was up-to-date and reviewed at the required intervals. We saw where action had already been taken to identify gaps in training and schedule these.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and had recently been reviewed and updated by the practice manager.

We saw how since being in post, the manager had implemented clear and effective processes for identifying and managing risks, issues and performance. These were not yet embedded.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

The practice gathered feedback from staff through meetings and informal discussions.

Continuous improvement and innovation

Are services well-led?

The practice had some systems and processes for learning, continuous improvement and innovation.

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. Audits of radiography, infection prevention and control and dental care records were ineffective as they did not highlight the concerns identified during the inspection or include conclusions and action plans to enable the provider to make improvements.

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 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 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: • The risks associated with all forms of sharps had not been considered nor had those risks been mitigated. • There was no system in place to ensure recruitment checks had been carried out, for all members of staff, at the time of recruitment. • The registered person did not ensure that clinical staff had received the necessary vaccinations and that the level of immunity was checked. The provider did not risk assess individuals where this information was not available. • The registered person had not ensured that a role-specific induction was undertaken for all new staff members. • Recommendations made in the Legionella risk assessments had not been implemented and the risks appropriately mitigated. • The required radiation protection information including the Local Rules and the Radiation Protection File were not up to date.

This section is primarily information for the provider

Requirement notices

- The registered person had not considered and mitigated the risks of storing clinical waste bags and other items in the cellar.
- The registered person had not ensured that all hazardous substances were risk assessed and stored in line with the Control of Substances Hazardous to Health Regulations 2002.
- Clinical waste was not stored safely and the risks to staff had not been considered and mitigated.
- The registered person did not have a system for receiving and acting on safety alerts.
- Audits of radiography, infection prevention and control and dental care records were ineffective as they did not highlight the concerns identified during the inspection or include conclusions and action plans to enable the provider to make improvements.

Regulation 17 (1)