

Trinity Dental Care Ltd

Trinity Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this service on 11 February 2016 as part of our regulatory functions where two breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We followed up on our inspection of 11 February 2016 to check that the practice had followed their plan and to

confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. We have not revisited the Trinity Dental Care as part of this review because Trinity Dental Care were able to demonstrate that they were meeting the standards without the need for a visit. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trinity Dental Care on our website at www.cqc.org.uk.

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 caring?

At our previous inspection we had found that the practice had not ensured that privacy of service users was maintained at all times and discussions about care, treatment and support only took place where they could not be overheard.

The review on 04 May 2016 concentrated on the key question of whether or not the practice was providing a caring service. We found that this practice was now providing a caring service in accordance with the relevant regulations. Following our review on the 04 May 2016 we received assurances that action had been taken to ensure that the practice was providing a caring service and there were now effective systems in place.

Are services well-led?

At our previous inspection we had found that the practice had not established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

The review on 04 May 2016 concentrated on the key question of whether or not the practice was well-led. We found that this practice was now providing well-led care in accordance with the relevant regulations. Following our review on the 04 May 2016 we received assurances that action had been taken to ensure that the practice was well-led because there were now effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

Trinity Dental Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out a review of this service on 04 May 2016. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 11 February 2016 had been made. We reviewed the practice against two of the five questions we ask about services:

- Is the service caring?
- Is the service well-led?

The service was not previously meeting these two legal requirements.

The review was led by a CQC inspector who had access to remote advice from a dental specialist advisor.

During our review, we spoke with the principal dentist and checked that the provider's action plan had been implemented. We reviewed a range of documents including:

- Installation of a door to the treatment room
- COSHH risk assessment
- Legionella risk assessment
- Fire risk assessment
- IRMER training certificate
- Pressure vessel check
- DBS checks
- PAT testing certificate
- Staff appraisals
- Purchase receipt for order of a spacer, bag valve mask, child size oxygen mask, portable suction

Are services caring?

Our findings

At our previous inspection on the 11 February 2016, we observed that patients needed to walk down a passageway, past the first treatment room, to access the second treatment room. However, the first treatment room did not have a door so conversations between the dentist and patients could be overheard in the reception area, passageway and second treatment room.

As part of our review on 04 May 2016, the provider sent us photographic evidence which showed a door had been installed in the treatment room. The practice confirmed that patient confidentiality was being maintained.

In summary, following our review on the 04 May 2016, we were given assurances that the practice had taken action to ensure that the privacy of service users was maintained at all times and discussions about care, treatment and support only took place where they could not be overheard.

Are services well-led?

Our findings

At our previous inspection on the 11 February 2016, portable appliance testing (PAT) in accordance with current guidelines had not been carried out on electrical equipment at the practice. A pressure vessel check had not been carried out.

As part of our review on 04 May 2016, the provider sent us documents to show PAT testing had been carried out on the 03 March 2016 by a suitable external contractor. A pressure vessel check had been carried out on the 25 February 2016.

At our previous inspection on the 11 February 2016, the practice did not have suitable clinical governance and risk management structures in place. The practice did not have effective systems in place to mitigate the risk of fire and legionella. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Adequate risk assessments around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH) had not been undertaken.

As part of our review on 04 May 2016, the provider sent us documents to show further COSHH risk assessments had been carried out on 14 February 2016 and a fire risk assessment had been carried out on 16 March 2016. The provider sent us documents to show roles and responsibilities for staff in the event of a fire had been put into place. Practice fire drills were now taking place. A legionella risk assessment had been undertaken on 08 February 2016.

At our previous inspection 11 February 2016 the practice had not undertaken Disclosure and Barring Service (DBS) checks for all members of staff. [The Disclosure and Barring

Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable].

As part of our review on 04 May 2016, the provider sent us documents to show that DBS checks had been carried out on 06 April 2016. A detailed recruitment process had been implemented which includes DBS checks.

At our previous inspection on 11 February 2016, we found that the practice did not complete appraisals for staff members. There was no Ionising Radiation (Medical Exposure) Regulations (IRMER) training certificate available for clinical member of staff.

As part of our review on 04 May 2016, the provider sent us documents to show that appraisals had been completed for all members of staff. An IRMER training course had been undertaken on 26 February 2016.

At our previous inspection on 11 February 2016, we found a spacer device, bag valve mask, child size oxygen mask and portable suction were not available at the practice on the day of our inspection in their emergency equipment kit as per Resuscitation Council (UK) guidelines.

As part of our review on 04 May 2016, the provider sent us documents to show that a bag valve mask, child size oxygen mask and portable suction had been purchased.

In summary, following our review on the 04 May 2016 we were given assurances that the practice had taken action to ensure that the practice was well-led because the practice now had effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.