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# Trinity Dental Practice

## Inspection report

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### Overall summary

We undertook a focused inspection of Trinity Dental Practice on 31 August 2021. 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 Trinity Dental Practice on 7 June 2021 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 safe, effective or well led care and was in breach of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Trinity Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- Is it well-led?

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 area where improvement was required.

#### **Our findings were:**

##### **Are services safe?**

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

# Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 7 June 2021.

## **Are services effective?**

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 7 June 2021.

## **Are services well-led?**

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 7 June 2021.

## **Background**

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

There is ramp access into the practice for people who use wheelchairs and those with pushchairs.

The dental team includes two dentists, a trainee dental nurse, one dental hygienist, one receptionist and a practice manager. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the principal dentist, and the trainee dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday and Thursday from 9.00am to 6.00pm

Tuesday and Friday from 9.00am to 5.00pm

## **Our key findings were:**

- The practice had put necessary checks in place for the medical emergency equipment, had installed emergency lighting for use in the event of a fire, and an illuminated signage to advise people that radiation was carried out in the decontamination room, and had undertaken audits on infection prevention and control, radiography and the practice's accessibility to people with disability.
- There were environmental cleaning logs in place.
- Risk assessments including on fire and sharps risks had been undertaken for the premises.

# Summary of findings

- Staff had undertaken training, including on medical emergency and fire safety.
- There were records of Disclosure and Barring Service checks for all members of staff.
- There were servicing records for the X-ray machines and the implant motor.
- Complete records of decontamination of used dental instruments were in place.
- Staff had received fit testing for face masks worn in practice.

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

- Take action to ensure the service takes into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 7 June 2021 we judged the provider was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 31 August 2021 we found the practice had made the following improvements to comply with the regulation:

- There were regular checks, as per national guidance, for the medical emergency kit, oxygen cylinder and the automated external defibrillator.
- The medical emergency kit now included new oxygen tubing. However, the practice did not have buccal midazolam as per national guidance to manage epileptic seizures. The practice did have intravenous midazolam and said they would use this in the event of an emergency until they received the buccal midazolam. We were informed by the provider that the buccal midazolam had been ordered from their supplier.
- The practice had installed emergency lighting.
- The practice had installed illuminated signage advising people of radiation hazard, outside the room where X-rays were taken.
- Records of decontamination of dental instruments were up to date since the date of the last inspection.
- The implant motor had been serviced in August 2021.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 31 August 2021.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

At our previous inspection on 7 June 2021 we judged the provider was not providing effective care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 31 August 2021 we found the practice had made the following improvements to comply with the regulation:

- Staff had undertaken suitable training, including medical emergency training and fire safety training, in June 2021.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 31 August 2021.

# Are services well-led?

## Our findings

We found that this practice was providing well led care and was complying with the relevant regulations.

At our previous inspection on 7 June 2021 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 31 August 2021 we found the practice had made the following improvements to comply with the regulation:

- The provider had carried out infection prevention and control, radiography and disabled access audits. An infection prevention and control audit had been undertaken in July 2021. The radiography audit undertaken had identified that the practice needed to take steps to reduce the number of grade three radiographs. However, the disability audit had been carried out by the principal dentist and was not comprehensive or detailed. For example, it had only considered one disability. We spoke with the provider about this and they told us they would commission a new disability access audit from a specialist company.
- There was an environmental cleaning log in place.
- Risk assessments including on health and safety, sharps, legionella and fire risk had been undertaken for the premises.
  - a. Action had been taken to address issues identified. For example, fire alarms had been installed and decluttering had taken place in response to actions identified in the June 2021 fire risk assessment.
- There were servicing records for the X-ray and orthopantomogram (OPG) machines.
- There were records for fit testing of face masks for staff.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 31 August 2021.