

Trinity Dental Practice Partnership

Trinity Dental Practice

Inspection report

12 Trinity Trees
Eastbourne
BN21 3LE
Tel: 01323727550

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Overall summary

We undertook a follow up focused inspection of Trinity Dental Practice on 30 November 2022. 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 focused inspection of Trinity Dental Practice on 25 May 2022 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 and well led care and was in breach of regulations 12 Safe care and treatment and 17 Good governance 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.

As part of this inspection we asked:

- Is it safe?
- 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 areas where improvement was required.

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 25 May 2022.

Summary of findings

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 25 May 2022.

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 treatment for adults and children.

The practice is accessed by several steps which is not suitable for people who use wheelchairs and those with pushchairs. Car parking spaces, including some for blue badge holders, are available near the practice.

The dental team includes 2 dentists, 2 trainee dental nurses, a dental hygienist, a dental hygiene therapist, 2 receptionists and a practice manager. The practice has 3 treatment rooms.

During the inspection we spoke with a dentist, 2 trainee dental nurses, 2 receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Monday to Friday 8.30am to 5.30pm

Our key findings were:

- The dental clinic appeared to be visibly clean and better maintained, further improvements were required and were being planned.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had implemented systems to help them manage risk to patients and staff.
- The appointment system took account of patients' needs, where possible as another dentist had been appointed.
- There were improvements with the way complaints were dealt with and further improvements were being implemented.
- Arrangements for clinical governance had improved with further improvements in progress.

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

- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular, Portable appliance testing annually.
- Take action to ensure audits of disability access, antimicrobial prescribing and the quality of X-ray images are undertaken at the correct intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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?	No action	✓

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 25 May 2022 we judged the practice 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 30 November 2022 we found the practice had made the following improvements to comply with the regulation :

- The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment. The boiler had been serviced and this had identified repairs were required. We saw hot and cold water temperature monitoring was being conducted and recorded. We noted that hot water temperatures were still below 50 degrees in the decontamination room. Following our inspection we were sent evidence to show the repairs to the boiler had been carried out.
- The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We saw that clinical waste awaiting collection was stored appropriately and securely.
- We saw that the recruitment policy and procedure had been updated.
- We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. We saw there were sanitary waste bins available.
- Staff had made improvements to facilities and equipment to ensure they were safe, and equipment was maintained according to manufacturers' instructions, including some electrical and gas appliances. We saw engineer reports for the X-ray equipment and plans for further refurbishment of the practice. However, portable appliance testing (PAT) had not been conducted. We received evidence following our inspection for PAT which had been carried out.
- A fire risk assessment had been conducted and actions identified had been addressed. A new key had been obtained to activate the fire alarm and we saw logs of weekly testing for the alarm and monthly testing of the emergency lighting. We saw an engineer's report for the annual servicing of the fire alarm and emergency lighting. Fire extinguishers had been serviced or replaced. A fire drill had been conducted and the outcome recorded.
- The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The broken isolation switch had been replaced.
- We saw the prescription log had been improved and updated so that all relevant details were documented.
- The provider had implemented systems to assess, monitor and manage risks to patient safety. Including: sharps safety and sepsis awareness. We saw incident reports with points for learning, and risk reduction.
- Emergency equipment and medicines were now available. We saw that logs of the checks of the medical emergency equipment and medicines had been updated to ensure that items would not be missed; and checks were completed as per recognised guidance.
- The provider had implemented systems for reviewing and investigating when things went wrong.
- The provider had updated information available to staff on substances hazardous to health and contact details for poison centres had been added.

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 25 May 2022 we judged the practice 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 30 November 2022 we found the practice had made the following improvements to comply with the regulation(s):

- At our previous inspection we identified the practice were not completing radiograph audits in line with current guidance and legislation as these were not being completed six-monthly. At this inspection we identified that radiograph audits were still not being completed on a six-monthly basis and the last audit dated May 2022 had no review date and there was no report or actions identified. We raised this with staff who told us they would review the frequency of audits with the organisation
- Staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

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 25 May 2022 we judged the practice was not providing well led care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice.

At the inspection on 30 November 2022 we found the practice had made the following improvements to comply with the regulation:

- The information and evidence presented during the inspection process was improved and better presented.
- The provider had a system of clinical governance in place which included policies, protocols and procedures. We noted there was better access to these documents for all members of staff. The policies were in the process of being updated to reflect the practice and further improvements were being implemented.
- The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We saw that the CCTV in the practice had been decommissioned.
- We saw feedback from patients, the public and external partners was in the process of collection.
- We saw an improved system and processes for dealing with complaints. Staff explained how they would analyse the complaints to identify themes and trends to enhance learning and risk reduction. These improvements were newly implemented and ongoing.
- The provider did not have appropriate quality assurance processes to encourage learning and continuous improvement. There was no information regarding review dates for the quality of X-ray images and antimicrobial prescribing audit. No reports or action plans for improvements were documented. The disability access audit had failed to identify seasonal changes which posed risks of slips, trips and falls.