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# Trinity Dental Practice

## Inspection report

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### Overall summary

We carried out this announced inspection on 7 June 2021 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 provider 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 adviser.

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

- 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:**

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

We found this practice was not providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found this practice was not providing effective care in accordance with the relevant regulations.

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

We found this practice was not providing well-led care in accordance with the relevant regulations.

# Summary of findings

## Background

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

There is ramped access to the practice for people who use wheelchairs and those with pushchairs.

The dental team includes two dentists, two trainee dental nurses, 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 two dentists, a trainee dental nurse, and a receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday, Thursday 9.00am to 6.00pm

Friday, Tuesday 9.00am to 5.00pm

## Our key findings were:

- The practice appeared to be visibly clean.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies; the medical emergency training however needed to be updated. The medical emergency kit lacked critical pieces of equipment.
- The provider had ineffective systems to help them manage risks to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation. Improvements were needed to ensure all employment checks were made prior to staff commencing work.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider asked patients for feedback about the services they provided.
- There were ineffective governance systems to monitor the day-to-day running of the practice.
- The provider had ineffective arrangements to ensure that staff undertook important recommended training in relation to their roles within the practice.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

# Summary of findings

## **Full details of the regulations the provider is not meeting are at the end of this report**

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

- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Implement audits for dental implants taking into account the guidance provided by the Faculty of General Dental Practice.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

# 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>Requirements notice</b> 
<b>Are services effective?</b>	<b>Requirements notice</b> 
<b>Are services well-led?</b>	<b>Enforcement action</b> 

# Are services safe?

## Our findings

We found this practice was not providing safe 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.

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. There had been no safeguarding incidents at the practice in the last year.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. This included procedures to reduce the spread of COVID-19.

Staff had access to suitable personal protective equipment (PPE) and the waiting area had been designed appropriately to enable social distancing. However, we found that the practice had fit tested staff for masks but did not have any records to confirm which staff had been fit tested. We spoke with the provider about this and they told us that they would contact the fit tester to obtain these records. These were not made available to us.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. They had purchased a new autoclave in April 2021 and had complete sterilisation records since this date.

*The provider had suitable numbers of dental instruments available for the clinical staff.* However, there were no records to show equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance prior to April 2021. The provider told us that the sterilisation records were on a computer data stick, but none of the staff at the practice were able to retrieve the data on the day of the inspection.

We saw the practice had carried out a legionella risk assessment in May 2021. They were in the process of carrying out recommendations in line with the assessment, including water testing and dental unit water line management.

When we inspected we saw the practice was visibly clean. The practice however did not have environmental cleaning schedules in place to ensure the practice was kept clean. The practice told us they would introduce a cleaning schedule.

Clinical waste was segregated and stored appropriately in line with guidance. Copy of a contract with the specialist waste collection company, some invoices for the collections and a log book with the names of the operative who collected the waste and the date the waste was collected were available. However, the provider did not have consignment notices for the waste collected. The provider told us they would ensure that the company collecting the waste left consignment notes in the future.

The provider told us they had carried out an infection control audit but could not recall when it had been last carried out and was not able to show us a copy on the day of the inspection.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

# Are services safe?

The provider had a recruitment policy and procedure to help them employ suitable staff. We looked at six staff recruitment records. These showed the provider generally followed their recruitment procedure. We noticed there was no record of *Disclosure and Barring Service (DBS) checks for two members of staff. The practice had evidence that DBS applications had been made. Both members of staff had started their roles without a suitable risk assessment.*

We noted that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The practice had some arrangements in place to ensure facilities and equipment were safe, and that equipment including electrical and gas appliances was maintained according to manufacturers' instructions. For example, portable appliances testing (PAT) had been carried out in 2020.

We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. The practice had not updated a fire risk assessment carried out in 2012, despite having significant building work carried out in 2017. They had not undertaken a five-year electrical testing for the hard wiring in the building. The implants machine used by the practice had not been serviced. The practice did not have emergency lighting. We spoke to the provider about these issues and they told us that they would be addressed promptly.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw that some of the required radiation protection information was available. For example, there was servicing for one of the machines and a critical exam test. However there were no servicing records for the Orthopantomogram (OPG) machine, There was no sign notifying people that radiation equipment was being used in the decontamination room despite the patients needing to access the room to go to the toilet. The provider told us they would ensure all the equipment was serviced. They told us that there was always a member of staff outside the decontamination room to inform people when radiation was being used but they would put up a sign to inform people when a X-ray was being undertaken.

The provider had not carried out radiography audits every year.

Clinical staff completed continuing professional development in respect of dental radiography.

## **Risks to patients**

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. However, there was no risk assessment in place to consider the risks for the general running of the practice including the use of equipment, sharps, biological agents, slips and falls etc. We spoke to the provider about this and they told us they would arrange for appropriate risk assessments to be carried out.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations including vaccination to protect them against the Hepatitis B virus. For example, there were records that showed a number of staff had been vaccinated against Hepatitis B in May 2021.

Staff knew how to respond to a medical emergency. However, staff had not completed training in emergency resuscitation and basic life support since 2017. Most emergency equipment and medicines were available as described in recognised guidance. The practice had an oxygen cylinder, but did not have tubing to connect the oxygen cylinder to a face mask. We spoke with the provider about this and they immediately obtained tubing for the oxygen cylinder.

We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. However, the checks were infrequent and not comprehensive. For example, the records did not include Midazolam, the Automated External Defibrillator (AED) or the oxygen cylinder; these medicines and equipment was available at the practice. We spoke to the practice about these deficiencies and they assured us they would make improvements to the checks undertaken.

# Are services safe?

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team. A nurse did not work with the dental hygienist, a risk assessment was not in place for when the dental hygienist worked without chairside support.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were written and managed in a way that kept patients safe. The dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

## **Safe and appropriate use of medicines**

There were no medicines kept at the practice apart from those in the medical emergencies kit.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

The practice was not carrying out antimicrobial prescribing audits.

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. There were risk assessments in relation to some safety issues. Staff monitored and reviewed incidents.

In the previous 12 months there had been no safety incidents.

The provider had a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found this practice was not providing effective 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.

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist at the practice who had been undertaking implants for several years. The dentist told us that he had undertaken implant training courses but were unable to provide any details of these courses during the inspection. We saw the provision of dental implants was in accordance with national guidance. However, the practice was not carrying out audits of implants.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

### **Consent to care and treatment**

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider did not have quality assurance processes to encourage learning and continuous improvement. We spoke with the provider about this and they told us they would introduce audits.

### **Effective staffing**

Staff new to the practice had an induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. However, some improvements were needed to training. For example, no one at the practice had undertaken fire safety training and the medical emergency training had not been undertaken since 2017. The principal dentist who undertook dental implant procedures could not evidence implant training.



# Are services effective?

(for example, treatment is effective)

## **Co-ordinating 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 Enforcement Actions 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 the principal dentist had the capacity, values and skills to lead the practice. However, there was a lack of managerial oversight at the practice.

The provider did not demonstrate that there were effective systems for leadership and management including oversight, assessment and mitigation of risks and implementation of systems to monitor and improve the service.

The principal dentist, we were told by staff was visible and approachable. Staff told us they worked closely with them and promoted compassionate and inclusive leadership.

### **Governance and management**

We saw there were ineffective processes for managing risks, issues and performance. Risks to the health, safety and welfare of patients and staff were not assessed as part of an ongoing and robust system of governance and management. Risk assessments were either not carried out or not reviewed in accordance with legislation and relevant guidelines. For example; risks in relation to fire safety and the undertaking of regulated activities were not routinely assessed, nor appropriate measures implemented to minimise these risks.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The provider 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**

The provider used patient surveys, emails and verbal comments to obtain views from patients about the service.

### **Continuous improvement and innovation**

The practice did not have quality assurance processes to encourage learning and continuous improvement. For example, there were no audits of radiographs, infection prevention and control, disability access or antimicrobial prescribing. We spoke with the provider about this and they told us that arrangements would be made for the auditing arrangements to be improved.

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	Regulation 12 CQC (Registration) Regulations 2009
Surgical procedures	Statement of purpose
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
	<b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b>
	<b>Regulation 12</b>
	<b>Safe care and treatment</b>
	The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:
	<ul style="list-style-type: none"><li>• The practice had inadequate checks on the emergency equipment, including not identifying that their oxygen cylinder did not have tubing to enable delivery of oxygen to the face mask.</li><li>• The practice did not have emergency lighting for use in the event of a fire.</li><li>• The practice did not have illuminated signage to advise people that radiation was carried out in the decontamination room</li><li>• There were no servicing records for the implant motor.</li></ul>
	Regulation 12 (1)

This section is primarily information for the provider

# Enforcement actions

## 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17</b></p> <p><b>Good governance</b></p> <p>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.</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"><li>• Risks associated with lack of proper emergency equipment were not identified</li><li>• There were no infection control, radiography or disability access audit.</li><li>• There were no environmental cleaning logs</li><li>• There were no general risk assessments or sharps risk assessments</li><li>• Staff had not undertaken training including recent medical emergency training, fire safety and implant training.</li><li>• There was no record of <i>Disclosure and Barring Service (DBS)</i> checks for two members of staff. There was no risk assessment that considered starting the members of staff without the DBS results.</li><li>• There was no updated fire risk assessment since a major schematic change to the premises.</li></ul>

This section is primarily information for the provider

## Enforcement actions

- There was no servicing records for one X-ray machine & for the OPG machine.
- Records of sterilization of used dental instruments prior to 28 April 2021 were not available.
- Records of fit testing of face masks for staff were not available.

**Regulation 17 (1)**