

# Mr. Neil Turner

# T & T Dental

## Inspection Report

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### Overall summary

We undertook a follow up focused inspection of T&T Dental on 23 January 2020. 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 T&T Dental on 30 August 2019 and 9 September 2019 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 9, 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 T&T Dental 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 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 30 August 2019 and 9 September 2019.

#### 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 30 August 2019 and 9 September 2019.

#### 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 30 August 2019 and 9 September 2019.

### Background

T&T Dental is in the Walton area of Liverpool and provides NHS and private dental treatment to adults and children.

The dental team includes both dentists and five dental nurses (including two trainees) who also have

# Summary of findings

administrative and reception duties. The practice has two treatment rooms and an instrument decontamination room. One of the treatment rooms is located on the ground floor. There is ramped access into the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice on local roads.

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 and one dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday and Wednesday: from 9am to 5.30pm  
and Thursday and Friday: from 9am to 5pm

## Our key findings were:

- The provider had taken action to ensure the risks associated with the use of non-encapsulated mercury had been removed from the practice.
- The security of NHS prescription pads held and used at the practice had been improved.
- Fire safety had been improved with fire marshal training booked for key staff, an updated fire risk assessment and six-monthly fire drills implemented for all staff.
- A five-year fixed wire electrical safety certificate had been issued in October 2019.
- The provider had introduced single use, disposable matrix bands to eliminate the risk of injury from this equipment.
- The manual cleaning process for dental instruments had been reviewed. Records were in place to support compliance with protocols for manual cleaning of dental instruments.

- The provider had replaced the rusty spittoon in the downstairs treatment room, had the work surface repaired and the dental chair had been recovered.
- All chemical products within the practice had an individual risk assessment and an attendant product safety data sheet.
- Staff training records showed all staff were up to date with their safeguarding training, and to the required level.
- The provider had reviewed the system of audits within the practice.
- Records showed that radiographs were being justified and graded.
- A new duty of candour policy had been produced and all staff had received training about the duty of candour in November 2019.
- The consent policy had been reviewed.
- The Legionella risk assessment had been reviewed, and a new risk assessment was due for completion by an external contractor.
- Staff had completed training on the essentials of Legionella in January 2020.
- The use of dental dams in the practice had been reviewed.
- The provider had reviewed the dental care records and introduced a traffic light system for highlighting risk.
- Antibiotic prescribing had been reviewed.

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

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular with regard to the use of rectangular collimation.

# 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 30 August 2019 and 9 September 2019 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 warning notice. At the inspection on 23 January 2020 we found the practice had made the following improvements to comply with the regulations:

- The provider had removed the none encapsulated amalgam and mixing unit from the practice by a registered waste disposal company. We saw that encapsulated amalgam was now being universally used in the practice, in line with regulations.
- Pre-stamping NHS prescriptions had been discontinued, and all pre-stamped prescriptions had been destroyed. There was a log to enable staff to track all prescriptions in the practice. The security of NHS prescription pads held and used at the practice had been improved.
- Fire safety systems had been reviewed including an updated fire risk assessment. One of the dentists was booked onto fire marshal training in March 2020 and six-monthly fire drills had been introduced for all staff. Record keeping relating to fire safety had been improved with regular in-house fire safety checks.
- A qualified electrician had carried out a five-year fixed wire electrical safety check. A safety certificate had been issued on 10 October 2019.
- The provider had introduced single use, disposable matrix bands to reduce the risks associated with the use of this equipment.
- We discussed the manual cleaning process for dental instruments with a dental nurse. The systems had been

reviewed, and a proprietary non-foaming cleaning agent was being used in accordance with national guidance. Records were in place to support compliance with protocols for manual cleaning of dental instruments.

- A new spittoon had been installed in the downstairs treatment room to replace the previous rusty spittoon. Work surfaces in the same treatment room had been repaired and the dental chair had been recovered.
- The X-ray machines had not been fitted with rectangular collimation which would help to reduce the dose of radiation as low as reasonably possible.
- Dental care records showed that radiograph reporting had improved and they were being justified and graded.
- The arrangements for the control of substances hazardous to health (COSHH) had been reviewed. All chemical products within the practice had an individual risk assessment and a product safety data sheet.
- Safeguarding awareness had been reviewed and staff training records showed all staff were up to date with their safeguarding training, and to the required level.
- The actions from Legionella risk assessment had been reviewed and a new cold-water tank at the practice had been installed in January 2020. An external professional was booked to complete a new Legionella risk assessment on 29 January 2020. Records showed that all staff had completed training on the essentials of Legionella during January 2020.
- The use of dental dams in the practice had been reviewed. As a result, if an alternative was used this was identified in the dental care records, with the reason why, and a risk assessment completed.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 23 January 2020.

# 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 30 August 2019 and 9 September 2019 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 23 January 2020 we found the practice had made the following improvements to comply with the regulations:

- The practice had introduced a new consent policy which was specific to both the practice and dentistry.
- The provider had reviewed their recording systems in dental care records, particularly in respect of risk. A new

traffic light system had been introduced to help dentists identify and record those patients at risk of tooth decay and gum disease. This enabled these patients to be recalled more frequently.

- The provider had changed the system for prescribing antibiotic medication. The practice had a copy of the Faculty of General Dental Practice guidelines for: 'Antimicrobial prescribing for dental practitioners' to guide dentists. A log was kept of all antibiotics prescribed within the practice, which made auditing the process easier.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 23 January 2020.

# 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 30 August 2019 and 9 September 2019 we judged the practice 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 warning notice. At the inspection on 23 January 2020 we found the practice had made the following improvements to comply with the regulations:

- The provider had reviewed the system of audits within the practice. We saw a system had been introduced to ensure that both clinical areas and non-clinical areas

were audited to help drive improvement. For example, we saw an infection prevention and control (IPC) audit had been completed in September 2019. This audit was in greater detail and depth than previous IPC audits that had been completed.. Other audits such as radiographs and dental care records had also been audited since our last inspection.

- A new duty of candour policy had been produced, and a copy was available for all staff in the practice. We saw all staff had received training on the duty of candour in November 2019.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 23 January 2020.