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N13 Dental Clinic

Inspection report

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Overall summary

We undertook a desk-based review of N13 Dental Care on 22 September 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.

We undertook a comprehensive inspection of N13 Dental Care on 10 December 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 well led care and was in breach of regulation 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 N13 Dental Care on our website www.cqc.org.uk.

As part of this inspection we asked:

- 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 review again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

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 breach we found at our inspection on 10 December 2019.

Background

N13 Dental Clinic is a dental practice in Enfield and provides NHS and private dental treatment to adults and children.

There is access for people who use wheelchairs and those with pushchairs. Car parking spaces are available outside the practice.

Practice staffing consists of a principal dentist, one associate dentist, one periodontist, two hygienists, one dental nurse, a receptionist and a practice manager.

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.

The practice is open: Monday to Friday 9am to 5pm.

Our key findings were:

- Appropriate medicines and life-saving equipment were available.
- The provider had ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and air- conditioning units.

Summary of findings

- The provider had ensured the correct emergency medical equipment and medicines were available.
- The provider had completed Control of Substances Hazardous to Health (COSHH) Regulations 2002 file with products risk assessed for safe handling and storage requirements.
- The provider ensured that out of date materials could not be used on patients and were disposed of appropriately.
- The provider had implemented radiography, infection control and antibiotic prescribing audits.

- The provider had information governance arrangements.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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 well-led?

We asked the following question(s).

No action



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 10 September 2019 we judged the provider 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 desk-based review on 22 September 2020 we found the practice had made the following improvements to comply with the regulation:

- The provider was able to provide evidence that emergency equipment and medicines were checked in line with guidance. Staff kept records of checks of these to make sure these were available, within their expiry date, and in working order; in line with guidance.
- The provider was able to show us a mains wiring five yearly safety check certificate as required by regulation.
- The provider produced evidence of a complete Control of Substances Hazardous to Health (COSHH) Regulations 2002 file with products risk assessed for safe handling and storage requirements.

- The provider produced evidence that out of date materials in treatment rooms were systematically removed and disposed of.
- The provider produced evidence that audits had been implemented for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- The provider produced evidence that audit had been implemented for infection control and radiography which reflected published guidance.
- The Provider produced evidence that fire detection and firefighting equipment such as smoke detectors and fire extinguishers had been tested and a fire risk assessment had taken place
- The provider produced evidence that health and safety policies, procedures and risk assessments were now in place,

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 22 September 2020.