

Ms. Kasturi Rao

# Haringey Dentalcare

## Inspection report

82 Stroud Green Road  
Finsbury Park  
London  
N4 3EN  
Tel: 02072728200

Date of inspection visit: 13 November 2023  
Date of publication: 04/01/2024

### Overall summary

We undertook a follow up focused inspection of Haringey Dentalcare on 13 November 2023. This inspection was carried out to review 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 advisor.

We had previously undertaken a comprehensive inspection of Haringey Dentalcare on 28 June 2023 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 regulations and 17 and 18 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 Haringey Dentalcare dental practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When 1 or more of the 5 questions are not met we require the service to make improvements. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

- Is it well-led?

### **Our findings were:**

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

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

# Summary of findings

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 28 June 2023.

## Background

Haringey Dentalcare is in the London Borough of Haringey and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes the principal dentist and 1 trainee dental nurse. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open between 9am and 6.30pm on Mondays to Fridays.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

There was an area where the provider could make improvements. They should:

- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

# Summary of findings

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

We asked the following question(s).

**Are services well-led?**

**Requirements notice**



# Are services well-led?

## Our findings

We found that this practice was not providing well-led care and was not complying 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).

At the inspection on 13 November 2023 we found the practice had made some improvements to comply with the regulations

- There were arrangements to check emergency medicines and equipment to ensure availability. All of the recommended medicines and equipment were available and within the manufacturer's expiry dates.
- There were arrangements to assess and mitigate the risk of Legionella or other bacterial growth in the water systems. All of the areas for improvement identified in the Legionella risk assessment had been completed.
- There were arrangements to check that dental instruments were sterilised and packaged appropriately.

However, there were a number of areas where improvements had not been made:

- There were ineffective arrangements to audit the infection prevention and control procedures in accordance with the Health Technical Memorandum 01-05: Decontamination in Primary Dental Practices. The most recent audit was carried out in November 2023. There were a number of sections within the audit which were not completed accurately. The audit indicated that all staff had undertaken training in relation to blood borne diseases. The principal dentist confirmed that the trainee dental nurse had not completed this training. The audit indicated that start and end of day checks for the clinical areas were completed. However, there were no records of these checks and the principal dentist confirmed that these were not completed.
- There were ineffective arrangements to ensure that all clinical staff were protected against the risk of Hepatitis B virus. The trainee dental nurse had not completed the blood test to confirm the effectiveness of the vaccination.
- There were ineffective arrangements to act on and address areas for improvement identified in the fire safety risk assessment carried in February 2023. There were no records maintained in respect of fire safety checks, including testing for the smoke alarms.
- There were ineffective arrangements to ensure that appropriate checks were carried when employing staff to work at the practice. There were no records available in respect of Disclosure and Barring Services (DBS) check for the trainee dental nurse.
- There were no records available to evidence that the trainee dental nurse completed training in infection prevention and control, safeguarding children and vulnerable adults, Legionella awareness or fire safety.
- There were no arrangements for staff appraisal to assess and identify learning and development needs for the trainee dental nurse in relation to the role they performed in the practice.

## 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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>How the Regulation was not being met</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>• There were ineffective systems to ensure that infection prevention control procedures were monitored and carried out in accordance with the Health Technical Memorandum 01-05: Decontamination in Primary Dental Practices.</li><li>• There were ineffective arrangements to comply Health and Safety (Sharp Instruments in Healthcare) Regulations 2013</li><li>• There were ineffective arrangements to act on the findings from the fire safety risk assessment to mitigate the risk of fire at the practice.</li></ul> <p>There were no systems or processes that ensured the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none"><li>• There were no records available in respect of Disclosure and Barring Services (DBS) check for the trainee dental nurse.</li></ul>

This section is primarily information for the provider

## Requirement notices

- There were no records available to evidence that the trainee dental nurse completed training in infection prevention and control, safeguarding children and vulnerable adults, Legionella awareness or fire safety.

There was additional evidence of poor governance. In particular:

- There were no arrangements for staff appraisal to assess and identify learning and development needs for the trainee dental nurse in relation to the role they performed in the practice.
- The provider has failed to address the areas for improvement identified during our inspection visits in February and June 2023.

Regulation 17 (1)