

Dr. Laurence Baum

Finchley Dental Care Centre

Inspection report

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Overall summary

We undertook a follow up focused inspection of Finchley Dental Care Centre on 16 August 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 Finchley Dental Care Centre on 24 March 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 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 Finchley Dental Care Centre dental practice on our website www.cqc.org.uk.

When 1 or more of the 5 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.

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 some improvements in relation to the regulatory breaches we found at our inspection on 24 March 2023. However, some of the concerns we had identified previously had not been fully addressed.

Background

Finchley Dental Care Centre is in Finchley in the London Borough of Barnet and provides NHS and private dental care and treatment for adults and children.

The practice is on the first and second floor of a high street building and is not accessible for people who use wheelchairs and those with pushchairs. The practice has processes in place to communicate this to patients prior to their appointments. Car parking spaces are available near the practice.

The dental team includes the principal dentist, 1 associate dentist, 2 dental nurses and 3 dental hygienists. The practice has 2 treatment rooms.

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

The practice is open:

Monday from 9am to 5.30pm

Tuesday from 10am to 2pm

Wednesday from 9am to 4pm

Thursday from 10am to 5.30pm

Friday from 9am to 5.30pm.

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 regulation the provider was not meeting are at the end of this report.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

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 16 August 2023, we found the practice had made the following improvements to comply with the regulations:

- The practice infection control procedures were now reflective of published guidance. The provider had adopted the use of a detergent that was specified for the purpose of cleaning dental instruments. They had implemented a log to monitor the use of domestic gloves and long-handled brushes, and put in place clearly marked 'dirty' and 'clean' transportation boxes.
- The practice had made improvements to ensure procedures to reduce the risk of Legionella, or other bacteria, developing in the water systems were effective. A Legionella risk assessment undertaken on 3 May 2023 was made available for review. This made a number of recommendations, including monthly temperature checks of the hot and cold-water outlets, inspecting and cleaning water filters, producing a full schematic drawing of the hot and cold-water services on site, descaling outlets and reporting on the remedial works and actions. We saw evidence that all recommendations in the risk assessment had been acted upon.
- Improvements had been made to ensure clinical waste awaiting collection was stored securely. The room used to store clinical waste now had a functioning lock.
- The provider had ensured that all clinical members of staff had Enhanced Disclosure and Barring Service (DBS) checks undertaken.
- Improvements had been made to the safety of the premises. We were shown a satisfactory electrical installation condition report that had been issued after the recommended remedial works to the fixed electrical wiring system had been completed.
- The practice had made improvements to ensure the required radiation protection was available. The local rules had been updated and it included the details of the Radiation Protection Supervisor (RPS) and a list of the operators.
- The sharps risk assessment had been updated and it included all types of sharps used and the practice specific control measures.
- The general health and safety risk assessment had been reviewed and updated and it contained accurate information, relevant to the arrangements within the service.
- We saw evidence that the provider had undertaken a risk assessment for all hazardous materials used within the practice as per Control of Substances Hazardous to Health Regulations 2002 (COSHH). Further improvements could be made to ensure staff had access to the relevant safety data sheets.
- The practice had a structured induction programme in place for staff new to the practice. Improvements could be made to ensure staff had the opportunity to discuss their individual training and development needs during annual appraisals.
- The provider had engaged a compliance company who they were planning to continue working with closely to maintain compliance with the legal requirements.

During the follow up inspection we identified areas where the previously identified shortcomings have not been fully addressed:

- On the day of inspection, we observed that the medicines cabinet was locked but we were informed that all staff had un-restricted access to the keys for the cabinet. In addition, the practice did not have an effective system in place to

Are services well-led?

monitor the medication kept on site. The practice maintained a prescription log, however this was not effective to identify missing prescriptions. We also noted that the practice dispensed a 7 day course (21 capsules) of 500mg Amoxicillin. This was not in line with the 'Antimicrobial Prescribing in Dentistry' guidance published by the College of General Dentistry (CG Dent), which stated that Amoxicillin 500mg should be prescribed for up to 5 days.

- Further improvements were needed to the fire safety arrangements at the premises. A fire risk assessment dated 23 May 2023 was made available for review. Some of the recommendations made in the fire risk assessment had been acted upon. These included systems to ensure that highly flammable liquids were carefully managed and having a revised fire safety policy in place. We also saw evidence that the practice installed battery operated smoke detectors, and these were tested weekly. We noted that the fire risk assessment recommended that the practice installed an automatic or manual fire detection system, sounding devices on all floors and additional luminaires to aid means of escape in the event of a power cut. At the time of the follow up inspection the provider could not demonstrate that these recommendations had been acted upon. The principal dentist told us that they had arranged the installation of the fire detection and additional fire safety equipment for 22 August 2023 and they would carry out a fire drill once the work has been completed.
- Further improvements were needed to ensure all members of the clinical team maintained detailed patient care records in line with recognised guidance. We noted that the principal dentist's record keeping had improved since our inspection on 24 March 2023, and their patient care records were detailed to reflect the clinical assessment carried out. However, we noted that other clinicians' patient care records were missing details, including medical history, Basic Periodontal Examination (BPE), justification of radiographs taken, reporting on radiographs, treatment options, risk assessment, recall interval based on risk assessment and written evidence of consent taken.
- We noted that a record card audit had been completed, however only the principal dentist's patient care records had been reviewed. Improvements could be made to ensure all clinicians patient care records were audited to check that necessary information was recorded.
- Further improvements could be implemented to ensure audits for prescribing of antibiotic medicines were carried out, taking into account the guidance provided by the College of General Dentistry.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Risks associated with fire and medicines had not been suitably identified and mitigated. <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">• Clinical records we checked were not completed suitably and were missing key examination details. <p>Regulation 17 (1)</p>