

Mr. John Kanogo

Sterlingway Dental Surgery

Inspection report

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Date of inspection visit: 1 March 2024
Date of publication: 17/04/2024

Overall summary

We undertook a follow up focused inspection of Sterlingway Dental on 1 March 2024. 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.

Previous regulatory history

An announced focused inspection of Sterlingway Dental Surgery was undertaken on 7 June 2022 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 and well-led care and was in breach of regulations 12,13,17,18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An unannounced focused inspection was carried out on 23 September 2022 to review the actions taken by the provider in response to our findings of 7 June 2022. At this follow up inspection we found that while some improvements had been made, a number of areas of concern remained outstanding. We found that the provider was still not providing safe and well-led care and remained in breach of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Another unannounced focused inspection was carried out on 27 January 2023 to review the actions taken by the provider in response to our findings of 23 September 2022. At this review we found that although the provider had implemented actions to address our previous concerns, we identified new concerns. We found that the provider was still not providing well-led care and remained in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

We undertook a third follow-up inspection on 31 March 2023 to review the actions taken by the provider in response to our findings of 27 January 2023. At this inspection we found that the practice implemented some improvements to address our previous findings, but we found some outstanding concerns and identified new issues. We found that the provider was still not providing well-led care and was again not providing safe care. We found the provider was in breach of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook a fourth follow-up inspection on 5 September 2023 to review the actions taken by the provider in response to our findings of 31 March 2023. At this inspection we found that the practice implemented some improvements to address our previous findings, but we found some outstanding concerns. We found that the provider was still not providing safe and well-led care and was in breach of regulations 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 Sterlingway Dental Surgery on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

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 5 September 2023.

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 5 September 2023.

Background

Sterlingway Dental Surgery is in Edmonton, in the London Borough of Enfield, and provides NHS and private dental care and treatment for adults and children.

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

The dental team includes the principal dentist, 1 dental nurse and 1 trainee dental nurse, who also undertakes receptionist duties. The practice has 2 treatment rooms and a separate decontamination room.

Summary of findings

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

The practice is open:

Monday to Friday from 8am to 7pm.

Saturday from 8am to 2pm.

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

- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities including storage of emergency medication and staff awareness of managing medical emergency. In addition, ensure that fire risk assessment is reviewed regularly and the emergency lighting is serviced in a timely manner.
- Take action to ensure the clinician takes into account the guidance provided by the College of General Dentistry when completing dental care records.
- Take action to ensure the clinician carries out patient assessments in line with current legislation and takes into account relevant nationally recognised evidence-based guidance. In particular, ensure that the clinician is aware of the current evidence-based practice in relation to the management of periodontal patients.
- Implement improvements to ensure audits of antibiotic medicines takes into account the guidance provided by the College of General Dentistry and the radiography audit includes a representative sample in line with the current guidance. The practice should also ensure that, where appropriate, audits have documented learning points, and the resulting improvements can be demonstrated.

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 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 the inspection on 1 March 2024 we found the practice had made the following improvements to comply with the regulations:

- At our previous inspection visits we had identified concerns with the practice's protocols for infection prevention and control. During this visit we noted that processes were -in line with the guidance provided by the Department of Health and Social Care - 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05).

Are services well-led?

Our findings

We found that this practice was providing well-led care and was complying with the relevant regulations.

At the inspection on 1 March 2024 we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to ensure the supervising of the trainee dental nurse was effective. We were told that the registered dental nurse had been appointed to supervise the trainee dental nurse and they had regular sessions to reflect on learning. Further improvements could be made to ensure the supervising General Dental Council (GDC) registrant undertook the relevant training to act as a workplace witness.
- The clinician told us that they had implemented a digital system to manage recalls. We were told that this was done to ensure that recall intervals between oral health reviews for each patient were in line with risk assessment of disease levels and risk of, or from dental disease. We noted that on the day of the inspection the system was down and the clinician was not able to demonstrate how recalls would be set in the live system. The principal dentist told us that they would contact the software company to address the issue.
- The practice had made improvements to ensure they had sufficient numbers of staff deployed to provide safe care. This meant that incoming calls from patients, including potential emergencies, could now be answered without delay.
- We were shown evidence that all members of the dental team, including the trainee dental nurse, had completed enhanced Disclosure and Barring Service (DBS) checks as required.
- We were shown training certificates to demonstrate that staff had completed training and learning relevant to their role.

At the inspection on 1 March 2024 we identified the following areas where further improvements could be made:

- We were shown the most recent antimicrobial prescribing and radiography audits. Improvements could be made to ensure the antimicrobial prescribing audit was aligned with the current guidance and the radiography audit included a representative sample of records.
- We noted that servicing of the emergency lighting system was overdue and the provider could not demonstrate that the fire risk assessment dated June 2022 was regularly reviewed. Further improvements could be made to ensure the log to record in-house periodic checks identified the smoke detectors and fire safety equipment that had been tested. In response to our feedback the provider submitted that they had immediately started using a fire safety checklist, ordered new emergency lighting and would undertake a review of the fire risk assessment using a template from their compliance company's document library.
- Improvements could be made to ensure the practice used a reliable fridge thermometer to monitor the fridge temperature where Glucagon (a medical emergency medication used to treat low blood sugar levels) was kept. In response to our feedback the provider told us that they would remove the Glucagon from the fridge and reduce the shelf life by 6 months, in line with the manufacturer's guidance. In addition, they made plans to order an alternative medical emergency drug to treat low blood sugar levels, which did not require refrigeration.
- We discussed various medical emergency scenarios with the dental team and noted that improvements could be made to staff's knowledge about the management of medical emergencies, including anaphylaxis and repeat doses. In response to our inspection feedback the principal dentist told us that they would 'immediately' arrange face to face medical emergency training update.
- We requested to see the list of patients seen on a random date – 25 January 2024. The provider confirmed that out of the 12 patients booked in, 11 attended their appointment.
- We requested to see the patient care records:
 - 2 out of the 11 patients did not have a record card.
 - A further 2 patients did not have a record entered on their record card on 25 January 2024.

Are services well-led?

- The records available for review were all paper records written in shorthand; improvements could be made to ensure another authorised person accessing those records could easily decipher them . -
- We reported previously on the lack of legibility of the records. In response to our inspection feedback the principal dentist told us that they would implement improvements by monitoring of quality and completeness and using regular clinical auditing. In addition, they would implement a digital system and the use of templates to ensure records are kept securely and written in a logical and legible manner.
- Improvements could be made to the principal dentist's awareness of the current evidence-based guidance in relation to the periodontal management of patients. We reported on the same concern following our inspection on 5 September 2023. In response to our inspection feedback the principal dentist told us that they had identified where the relevant guidance could be accessed and would be making the improvements.
- Between 7 June 2022 and 1 March 2023, we undertook 1 announced inspection and 5 follow up inspections. The provider had implemented improvements in response to some of our findings, however some concerns, in particular awareness of evidence-based practice and record keeping remain outstanding. We will continue monitoring the service using our Single Assessment Framework.