Mr. John Kanogo

Sterlingway Dental Surgery

Inspection report

40 Sterlingway
Edmonton
London
N18 2XZ
Tel: 02088077471

Date of inspection visit: 23 September 2022
Date of publication: 04/11/2022

Overall summary

We undertook a follow up focused inspection of Sterlingway Dental Surgery on 23 September 2022. 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 was supported by a specialist dental adviser.

We undertook a focused inspection of Sterlingway Dental Surgery 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. You can read our report of that inspection by selecting the 'all reports' link for Sterlingway Dental Surgery dental practice on our website www.cqc.org.uk.

When one 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 safe?

• Is it well-led?

Our findings were:

Are services safe?

We found this practice was not providing safe 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 7 June 2022.

Are services well-led?

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

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 7 June 2022.

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 2 part-time receptionists. The practice has 2 treatment rooms and a separate decontamination room.

During the inspection we spoke with the dentist, the dental nurse, and 1 receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8am to 7pm

Saturday 8am to 2pm.

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

- Ensure care and treatment is provided in a safe way to patients.
- 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 were areas where the provider could make improvements. They should:

- Improve the practice`s recruitment policy to ensure that appropriate checks, including right to work, are completed.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Enforcement action**
Are services well-led?	**Requirements notice**

Are services safe?

Our findings

We found that this practice was not providing safe 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 Enforcement Actions section at the end of this report).

At the inspection on 23 September 2022, we found the practice had made some improvements to comply with the regulations:

- The practice had made improvements to ensure the daily automatic control tests for the autoclave had been carried out.
- Staff told us that they immersed instruments for scrubbing, and they used the quantity of cleaning agent in accordance with the manufacturer`s guidance.
- The provider had taken steps to improve the premise's safety. They had replaced the broken dental chair in surgery 2, parts of which were held together by pliers, with a new one.
- The practice had ensured that medical emergency drugs and equipment were available and regularly checked in line with the current guidance.

The provider had also made further improvements:

- We saw evidence that staff had completed sepsis awareness training.

However, we found that in some areas the practice was not complying with the relevant regulation. In particular:

- Not all recommendations made in the fire safety risk assessment carried out in May 2022 had been acted upon. For example, the fire risk assessment mentioned as a priority that the practice should reduce and reorganise combustible materials around the practice. On the day of inspection, we observed large amount of combustibles, such as paper records in the room used to develop dental X-ray films.
- The in-house checks to test the fire call points were ineffective. On the day of inspection, we observed that the smoke detector in the waiting area was not working. Staff told us that the battery had been removed as it was running low.
- Staff failed to demonstrate an understanding of how to manage medical emergencies. For example, staff did not know how to turn the oxygen cylinder on and how to connect the oxygen tubes to the cylinder. Furthermore, they were unaware of the required oxygen flow per minute and which oxygen mask to use in which medical emergency scenario.
- Infection prevention and control procedures were not in line with the current guidance. We observed several sterilisation pouches containing dental instruments that were not sealed. Furthermore, we found that some dental implant instruments had not been decontaminated and sterilised after use. We observed two unwrapped dental instrument cassettes in the decontamination room that the provider told us they had used the previous week to tighten a lose dental implant crown. We observed that staff undertaking decontamination procedures had long nails. This was not in line with the guidelines set out in the Department of Health and Social Care publication 'Health and Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05), which states that fingernails should be kept clean, short and smooth.
- The provider did not ensure that the ultrasonic bath was drained at the end of every clinical session. On the morning of the inspection, we observed the ultrasonic bath was full, although the provider did not have patients that day.
- There was lack of a well-developed routine for surface cleaning within the decontamination facilities. We observed high level of dust, cobwebs and foliage in the decontamination room.

Are services safe?

- The provider did not ensure that they had systems in place to ensure that staff could practice appropriate hand-hygiene at key stages of the decontamination process. On the day of the inspection, we observed that the soap dispenser in the decontamination room was empty.
- The process to flush Dental Unit Water Lines (DUWLs) was not in line with the current guidance. Staff told us that they would flush DUWLs for 30 seconds at the beginning of the day and for 2 seconds between patients. As per current national guidance DUWLs should be flushed for at least 2 minutes at the beginning of the day and for at least 20-30 seconds between patients.
- NHS England undertook an infection prevention and control audit on 22 July 2022. The report found low level of compliance with indicators for the standards of decontamination and environmental design and cleaning. NHS England carried out a follow up infection prevention on control audit on 10 August 2022 when they found the practice compliant. However, during our follow inspection, we found that some of the original audit did not result in continued improvements. For example, the provider did not ensure that the ultrasonic cleaner was washed, emptied and left to dry at the end of the day, there was visible high level of dust, fluff, cobwebs and foliage, staff's finger-nails were not trimmed, and liquid soap was not available for hand-washing in the decontamination room.
- NHS prescription pads were pre-stamped and stored unsecured in an unlocked drawer in surgery 2. The provider did not have processes to log and monitor the medication prescribed to patients.
-

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 23 September 2022 we found the practice had made some improvements to comply with the regulations:

- Disclosure and Barring Services (DBS) checks had been undertaken for all members of staff and identity checks had been carried out. However, further improvements were needed to ensure that right to work checks had been carried out. On the day of inspection, we found that one member of staff had a student visa status and there was no evidence that they were undertaking any studies.
- The provider told us that they carried out annual appraisal of staff. However, the documents they provided as evidence were brief staff satisfaction questionnaires. Staff could not recall the areas covered in their performance review discussions on 30 August 2022 and they said that a summary of these discussions had not been shared with them.
- The provider had made improvements to ensure that current procedures and guidance in relation to raising concerns about abuse were accessible to staff.
- We saw evidence that staff received safeguarding training that was at a suitable level for their role.

However, we found that in some areas the practice was not complying with the relevant regulation. In particular:

- The provider did not ensure that dental care records were stored securely. We saw a large number of dental record cards stored in cardboard boxes in the room adjoining the X-Ray developer area.
- The provider showed us records to demonstrate they had carried out monthly tests of hot and cold-water checks in line with the most recent Legionella risk assessment. However, we were not assured that the records reflected actual checks; when we spoke with staff, they did not know what the correct range for hot an cold-water taps were and the ranges they told us did not correlate with the measurements appearing on the records. Furthermore, the checklists we were shown dated back to 2018, however, during the inspection in June 2022 when we asked for these records, no records were made available to us.
- The provider showed us a 'Fire safety check' to demonstrate that fire drills had been carried out every six months. However, when we spoke with staff, one member told us they carried out fire drills every week, while another stated these were undertaken in the last week of each month. Furthermore, the 'Fire safety check' we were shown dated back to 2018. However, during the inspection in June 2022 when we asked for these records, no records were available to us. The fire safety risk assessment carried out in May 2022 also commented on the absence of these in-house checks.
- A Disability Access Audit undertaken in May 2022 had been made available for review. This made a number of recommendations, including manifestation on the glass door, the removal of the disabled sign from the toilet door, and installation of a hearing loop and a drop counter. The provider could not demonstrate that they had acted on these recommendations or had an action plan in place.
- The provider could not demonstrate that the audits carried out were effective in driving improvement. The radiography audit undertaken in August 2022 and the antimicrobial audit made available did not include an analysis or action plan.
- There was no sharps risk assessment that considered the risks associated with all forms of sharps and the provider had not mitigated those risks to staff.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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. How the Regulation was not being met 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: • The practice did not have risk management systems for monitoring and mitigating the various risks arising from undertaking the regulated activities. • Patient care records were not stored securely. • There was no sharps risk assessment that considered the risks associated with all forms of sharps and the provider had not mitigated those risks to staff. 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: • Recommendations made in the disability access audit had not been undertaken. • The practice did not have effective systems in place to review staff performance. Regulation 17 (1)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Recommendations made in the fire risk assessment dated May 2022 had not been carried out. We observed large amount of combustibles in the room adjoining the area used to develop dental radiographs. • The in-house checks to test the fire call points were ineffective. On the day of inspection one of the two smoke detectors was out of battery. • Staff failed to demonstrate an understanding of how to manage medical emergencies. • Infection control procedures were not in line with the current guidance. Several sterilisation pouches containing dental instruments were not sealed. Some dental implant instruments had not been decontaminated and sterilised after use. There was high level of dust, cobwebs and foliage in the decontamination room. Staff undertaking decontamination procedures had long nails. The provider did not ensure that staff could practice appropriate hand-hygiene at key stages of the decontamination process. • Staff did not know the water temperature range for the water used to decontaminate dental instruments and the required water temperature range for hot and cold-water taps. • Processes and systems for managing Dental Unit Water Lines (DUWLs), including flushing was not in line with the relevant national guidance. • There were no systems in place to ensure the ultrasonic bath was drained at the end of every clinical session.

This section is primarily information for the provider

Enforcement actions

- The provider did not - implement continued improvements - in response to the Infection Control Audit carried out by NHS England on 22 July 2022.
- The prescriptions in the NHS prescription pad were pre-stamped and the pad was stored unsecured in an unlocked drawer

Regulation 12 (1)