

Ms. Kasturi Rao

# Haringey Dentalcare

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Haringey Dentalcare on 28 June 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 8 February 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 safe or 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 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 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.

# Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 8 February 2023

## **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 8 February 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 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 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
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties

## **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 sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. In particular, consider the risks to staff who do not have evidence of immunity against the Hepatitis B virus.
- 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.
- Implement a system to ensure routine patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

# 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?**

**Requirements notice**



# 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 28 June 2023 we found the practice had made the following improvements to comply with the regulations:

The following improvements were found on inspection:

- There were arrangements to check equipment used in the cleaning of dental instruments. Protein residue tests and quarterly soil tests were carried out for the ultrasonic bath used to clean dental instruments, in accordance with the manufacturer's guidelines and the guidance in the HTM 01-05. The illuminated magnifier had been repaired and was used to check dental instruments for debris once they had been cleaned.
- A sharps risk assessment was completed and this included risks associated with the use of dental items. However, the risk assessment did not consider measures to protect staff who did not have confirmed immunity against the Hepatitis B virus.
- There were arrangements to assess and mitigate the risk of Legionella at the practice in line with a risk assessment. All areas for action identified in the risk assessment carried out on 23 January 2023 had been completed, with the exception of removal of braided hose pipe in 1 of the treatment rooms. There were arrangements in place for this to be removed in July 2023.
- The practice team completed training in basic life support in March 2023. However there were ineffective arrangements to check emergency equipment so that it was available and in good working order. The manufacturer's expiry dates for emergency equipment were not checked. We found the needles for use with medicines to treat anaphylaxis, and the self-inflating bag with reservoir had expired. Equipment was checked to ensure that it was fit for use, and we found that the pocket mask was missing its oxygen port. There were no adult (size 4 ) guedel airway, and no adult or child size clear masks for use with the self-inflating with reservoir.
- There were arrangements to ensure that equipment was serviced and tested in accordance with relevant regulations and the manufacturer's instructions. Records were available to show that the compressor, gas boiler and the X-ray equipment had been serviced and tested in March 2023 and there were arrangements for ongoing periodic testing in accordance with the manufacturer's and other relevant guidance. Tests for the portable electrical appliances had been carried out. However, there was no 5 year fixed electrical wiring test. The provider told us that this was scheduled to be completed by the end of July 2023.

The practice had also made further improvements:

- The practice had arrangements for sepsis recognition and management taking into account the guideline issued by the National Institute for Health and Care Excellence, Sepsis: recognition, diagnosis and early management. The dentist had completed training in sepsis awareness. They had a good understanding in early recognition and what action to take if they suspected a patient may have sepsis.

# Are services well-led?

## Our findings

We found that this practice was not providing well-led care 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 28 June 2023 we found the practice had made some improvements to comply with the regulations

- Audits in relation to dental radiography and record keeping were carried out. These audits included an analysis of the findings and action plans to make improvements as needed.
- A disability access audit was completed to assess the needs of people who have access requirements and to make reasonable adjustments in accordance with relevant regulations.
- There were arrangements to receive and monitor patient safety information. Improvements were needed so that all relevant safety alerts and information were reviewed and acted on if required.

The practice had also made further improvements:

- Audits for prescribing of antibiotic medicines were carried out taking into account the guidance provided by the College of General Dentistry.
- Patient dental records were completed taking into account the guidance provided by the College of General Dentistry.

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

- There were ineffective arrangements to ensure that the practice infection prevention and control procedures were properly monitored. Checks were not carried out to ensure that all packaged dental instruments were dated when sterilised. We found some packages without sterilisation dates and others with expired dates. Some dental instruments were unpackaged.
- 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 carried out in February 2023 did not identify issues including undated or expired sterilisation dates, and expired oil for cleaning handpieces.
- There were ineffective arrangements to act on and address areas for improvement identified in the fire safety risk assessment carried in February 2023. A number of areas for improvement had been identified. These included carrying out a fixed electrical wiring test, undertaking a survey in relation to fire doors, installing emergency lighting and an electrical fire alarm system. There was no action plan or review of these areas for improvement.
- 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 proof of identity for the trainee dental nurse or Disclosure and Barring Services (DBS) checks 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 check emergency equipment and ensure that equipment was available and in good working order in accordance with the guidance issued by the Resuscitation Council UK Quality Standards: Primary Dental Care equipment list.</li><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 act on the findings from the fire safety risk assessment to mitigate the risk of fire at the practice.</li><li>• There were ineffective systems to ensure that all of the required checks were carried out to assess the suitability of staff employed to work at the practice.</li></ul> <p>Regulation 17 (1)</p>

This section is primarily information for the provider

# Requirement notices

## Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

## Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- 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.

Regulation 18 (2)