

Pritesh and Amit

# East Finchley Smiles

## Inspection report

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Date of inspection visit: 24 October 2023  
Date of publication: 24/11/2023

### Overall summary

We undertook a follow up focused inspection of East Finchley Smiles on 24 October 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 East Finchley Smiles on 14 July 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 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.

We undertook an unannounced focused follow up inspection on 15 September 2023 and found that the provider was still in breach of regulations 12 and 17 and was not providing safe and well-led care. Due to the nature of concerns identified during the follow up inspection on 15 September 2023, we served a Notice of Proposal to the provider, proposing to suspend their registration for 2 months.

You can read our report of that inspection by selecting the 'all reports' link for East Finchley Smiles 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 area(s) where improvement was required.

As part of this inspection we asked:

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

# Summary of findings

During the inspection on 24 October 2023, we found that the risks identified on 15 September 2023 had been sufficiently mitigated. As it has served its purpose, we have withdrawn our notice of proposal to suspend the provider's registration for 2 months.

## **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 15 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 15 September 2023.

## **Background**

East Finchley Smiles is in the London Borough of Barnet 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 are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes the principal dentist, 3 associate dentists, 2 qualified dental nurses, 1 trainee dental nurse, 1 dental hygienist, 1 practice manager and 2 receptionists. The practice has 2 treatment rooms.

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

The practice is open:

Monday to Friday from 9.30am to 6pm.

# 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 24 October 2023 we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to ensure that the practice infection control procedures reflected the guidance set out in the Department of Health publication 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05).
- The decontamination process demonstrated by staff reflected the guidance set out in HTM01-05. The enzymatic solution was measured to ensure the dilution recommended by the manufacturer was achieved. There were systems and processes to monitor the use of heavy-duty gloves. The water temperature was monitored throughout the cleaning process to ensure it was 45C or lower. Staff washed their hands before and after undertaking decontamination of used dental instruments.
- Systems and processes in place to control the storage time of sterilised instruments were effective and there was a consistent use of expiry dates.
- We observed that work surfaces in the decontamination room, including vents, emergency lights and light sockets were visibly clean.
- We were shown evidence that the practice had planned and arranged refurbishment work for December 2023. This included the replacement of existing basins to ones without overflows, installation of new cabinetry, reupholstering of the dental chairs and the replacement of flooring to ensure it was impervious and coved to the wall.
- The 'Infection Control Policy' had been updated on 19 September 2023 and it included practice specific processes staff could follow to ensure the risks arising from infections were sufficiently prevented and controlled.
- Systems and processes in place to reduce the risk of Legionella and other bacteria developing in the water system were effective. Recommendations made in the Legionella risk assessment dated 29 April 2021 had been acted upon. The risk assessment had been reviewed internally on 6 October 2023. Records were available of the control measures in place, including the monthly hot and cold-water temperature checks.
- Staff flushed and disinfected Dental Unit Water Lines (DUWLs) in line with the guidance set out in HTM01-05.
- Clinical waste was managed in line with the current guidance. The practice had an amalgam separator connected to the suction unit in Surgery 2.
- The provider had the required colour coded buckets and mops to reduce cross contamination between the clinical area, bathrooms and waiting area. Mops and buckets were stored in line with the relevant guidance. The cleaning schedule was completed to ensure the effectiveness of cleaning.
- There were now systems and processes in place to reduce the risk of fire. Recommendations made in the fire risk assessment dated 19 July 2023 had been acted upon. Periodic in-house checks of the fire safety equipment, including the fire alarm and the emergency lighting, were being carried out and these checks had been recorded in the fire logbook. A fire evacuation drill had been undertaken on 17 July 2023 and another one was planned for 30 October 2023. Bi-annual fire evacuation drills had been added to the practice compliance task planner. Refurbishment plans scheduled for December 2023 included the replacement of the existing doors to fireproof ones.
- A sharps risk assessment had been completed on 6 October 2023. Needle guards, to reduce the risk of sharps injury, were available in both surgeries.

# Are services safe?

- Systems in place to manage medical emergencies were effective. The practice staff checked the medical emergency drugs and equipment weekly as set out in the relevant guidance published by the Resuscitation Council (UK).
- Glucagon was stored in the fridge and the fridge temperature was monitored to ensure it was stored in line with the manufacturer's instructions.
- The medical emergency equipment had been relocated to the reception to ensure staff had immediate access. We saw records that the new location of the medical emergency equipment had been cascaded to staff in a team meeting on 25 September 2023.
- All members of staff had completed face to face medical emergency training (including basic life support and the use of Automated External Defibrillator (AED)) on 28 September 2023.
- Electrical installation condition checks had been completed on 19 September 2023. We were shown the relevant report which stated that the condition of the fixed electrical installations in the premises was satisfactory.
- The practice had a new compressor installed on 19 September 2023. At the time of the follow up inspection they were awaiting the Written Scheme of Examination from the engineer.

The practice had also made further improvements:

- The practice had undertaken record card keeping and antimicrobial prescribing audits which included detailed findings and learning points.

# 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 24 October 2023, we found the practice had made the following improvements to comply with the regulations:

- The principal dentist showed commitment to delivering safe and high-quality care. Our discussions with the principal dentist revealed that they now had sufficient oversight of the day-to-day activities of the practice. They had also engaged a compliance company to support their efforts in becoming compliant with the legal requirements. There were sufficient deputising arrangements in place and the dental team worked together to implement improvements.
- Information presented during the inspection was well organised and easily accessible.
- The practice had a structured meeting with set agenda to discuss the improvements required in response to our findings on 15 September 2023. The next practice meeting was scheduled for 30 October 2023 and the principal dentist told us, that moving forward regular practice meetings would be held to ensure changes to practice policies and procedures were disseminated to staff promptly.
- Systems and processes to ensure the safe use of radiography equipment were effective. Local rules, communicating the main working instructions intended to restrict any exposures arising from work in the controlled area, had been updated to adequately reflect the arrangements within the service. A radiation risk assessment identifying the procedural controls required to restrict exposure had been undertaken. The provider had arranged 3-yearly performance testing of the radiography equipment for 16 October 2023 which had to be rescheduled for 30 October 2023 due to reasons outside their control. The engineer assigned to undertake the work had confirmed that radiation equipment was safe to use in the interim.
- The practice had undertaken a lone worker risk assessment on 20 September 2023 and findings had been shared with the relevant members of staff.
- The health and safety risk assessment had been reviewed on 20 September 2023 and the findings of this documents were now reflective of the arrangements within the practice.
- Staff were aware of the recalls and rapid response reports relevant to the service issued by the Medicines and Healthcare products Regulatory Agency (MHRA) and there were systems in place to cascade safety alerts to all members of the dental team.
- The provider had carried out risk assessments for hazardous materials used within the practice as per Control of Substances Hazardous to Health regulations 2002 (COSHH). Relevant safety data sheets were available to staff.
- The practice had an accident book and improvements had been made to ensure there were effective systems and processes to report and learn from accidents and incidents. We noted that an incident that had occurred at the practice since our visit on 15 September 2023 had been logged and reviewed.
- A radiography audit had been carried out on 21 September 2023. This included detailed findings and learning points. Bi-annual radiography audits had been added to the practice compliance task planner.
- An infection prevention and control audit had been carried out on 28 September 2023. This included detailed findings and learning points. Bi-annual infection prevention and control audits had been added to the practice compliance task planner.
- Improvements had been made to ensure systems in place to monitor staff training was effective. All training certificates had been uploaded to the compliance portal, allowing the practice manager to identify when a staff member was not up to date with their required training.

# Are services well-led?

- Staff were effectively monitored and supported, and improvement had been made to ensure they had access to policies, documents and risk assessments relevant to their role.
- The practice had internal and external Closed-Circuit Television (CCTV) signage to inform people about the presence of CCTV cameras.
- The CCTV Policy had been updated on 30 September 2023 and reflected the arrangements within the service. The practice had completed a Privacy Impact Assessment on 20 September 2023 and the Data Security and Protection assessment on 2 October 2023.