

Totteridge Dental Studio Limited

Totteridge Dental Studio -Totteridge Lane

Inspection report

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Date of inspection visit: 8 August 2023 Date of publication: 31/08/2023

Overall summary

We undertook a follow up focused inspection of Totteridge Dental Studio - Totteridge Lane on 8 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 had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Totteridge Dental Studio - Totteridge Lane on 14 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 Totteridge Dental Studio - Totteridge Lane 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?

Summary of findings

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 breach we found at our inspection on 14 March 2023.

Background

Totteridge Dental Studio - Totteridge Lane is in the London Borough of Barnet and provides 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 practice has made reasonable adjustments to support patients with specific needs.

The dental team includes the principal dentist, 1 associate dentist, 1 dental therapist, 1 trainee dental nurse and 1 qualified dental nurse who also undertakes practice management duties. They are supported by an administrator. The practice has 2 treatment rooms.

During the inspection we spoke with the practice manger and the dental therapist who is also one of the directors of the service. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday from 9am to 5pm.

Tuesday from 9am to 4pm

Wednesday to Friday from 8.30am to 5pm.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



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

- Improvements had been made to ensure 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 practice had implemented the use of rigid and leak-proof transportation containers to transfer contaminated items from the treatment rooms to the decontamination area. The containers had been clearly marked for each function to ensure they were not used interchangeably. We observed that the working areas had been free of clutter and easily cleanable.
- Improvements had been made to ensure the management of fire safety was effective. All recommendations made in the fire risk assessment dated 6 July 2018 had been acted upon. Self-closers had been fitted on all fire doors and the hinges on the kitchen door had been replaced to meet British Standard. Emergency lights as per BS-5266 and a mains operated fire alarm system with interlinked smoke detectors had been installed. There were systems in place to ensure that periodic inspection of the fire detection equipment had been undertaken and these checks had been recorded in the fire logbook. The last fire drill had been carried out on 4 August 2023 and the practice kept detailed records of the outcomes.
- Improvements had been made to ensure that the local rules were up to date and included the main working instructions intended to restrict any exposures arising from work in the controlled area. The document was specific to each treatment room and included details of the Radiation Protection Advisor (RPA) and Radiation Protection Supervisor (RPS), list of staff allowed to operate the X-ray equipment, description of the controlled area and contingency plans.
- Improvements had been made to the processes to assess and mitigate risks related to the handling and disposal of sharps. The practice had installed wall-mounted sharps boxes in the treatment rooms to ensure safe disposal close to the point of use. The sharps risk assessment completed on 14 March 2023 was reflective of the arrangements within the practice and included all types of sharps and the relevant control measures. The practice manager told us that they ensured that the risk assessment was consistently followed.
- The health and safety risk assessment had been updated on 1 August 2023. The document was tailored to the service and included a detailed action plan. The practice manager told us that findings and recommendations in the risk assessment would be discussed in the next team meeting.
- The practice showed commitment to deliver safe and high-quality care. Our discussions with the practice manager
 revealed that they had sufficient oversight of the day-to-day activities of the practice. They had now implemented the
 use of an annual compliance planner to support their efforts in meeting the legal requirements. There were sufficient
 deputising arrangements in place and the dental team worked together to implement improvements.