

Ms. Kasturi Rao

# Haringey Dentalcare

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Haringey Dentalcare on 11 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 had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Haringey Dentalcare on 13 November 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 regulations and 17 and 18 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 well-led?

### Our findings were:

#### Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

# Summary of findings

The provider had made sufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 13 November 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 via a portable ramp 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. 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.

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

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

# 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 11 March 2024 we found the practice had made improvements to comply with the regulations

- There were arrangements to audit the infection prevention and control procedures in accordance with the Health Technical Memorandum 01-05: Decontamination in Primary Dental Practices.
- There were arrangements to ensure that all clinical staff were protected against the risk of Hepatitis B virus. All clinical staff have blood test results to confirm the effectiveness of the vaccination.
- There were arrangements to act on and address areas for improvement identified in the fire safety risk assessment carried in February 2023. There were records maintained in respect of fire safety checks including fire evacuation drills, and testing for the fire safety equipment.
- Records were available to evidence that all staff completed training in infection prevention and control, safeguarding children and vulnerable adults, Legionella awareness and fire safety. There were arrangements to monitor staff training.
- There were arrangements to appraise staff performance and to assess and identify learning and development needs for all staff.

The practice had also made further improvements:

- There was a 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.

There was an area where further improvements were needed:

A basic level Disclosure and Barring Services (DBS) check had been carried out for one member of staff who required an enhanced level check. The principal dentist told us that they were sourcing an umbrella body to conduct an enhanced level check, which they assured us would be carried out promptly. A risk assessment had been completed in the interim.