

Mr Cheong Ng

C F Ng Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of C F Ng Dental Practice on 19 November 2021. 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 who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of C F Ng Dental Practice on 10 August 2021 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 C F Ng Dental Practice on our website www.cqc.org.uk.

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.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 10 August 2021.

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 breaches we found at our inspection on 10 August 2021.

Background

C F Ng Dental Practice is in Tottenham, in the London borough of Haringey and provides NHS general dental treatment to adults and children.

The practice is located on the first floor of a four-storey building close to White Hart Lane over ground train station. There is no level access into the building for people who use wheelchairs or those with pushchairs. The practice has one treatment room which has a designated decontamination area.

The team includes the principal dentist and two dental nurses.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the principal dentist and both of the dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open to patients:

Monday to Friday from 9.30am to 12.30pm and 2pm to 5pm.

Our key findings were:

- The practice had systems in place to help them assess and manage risk. These were consistent and in line with current best practice.
- Risk assessments had been undertaken to minimise risks to patients and staff.
- The provider had effective governance systems to monitor the day to day running of the practice.
- Quality assurance processes had been implemented to encourage learning and continuous improvement, such as an ongoing audit cycle of infection control, radiography and record keeping.

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 our previous inspection on 10 August 2021 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 19 November 2021 we found the practice had made the following improvements to comply with the regulations 12 and 17:

- On our previous inspection on 10 August 2021, we found that staff knew about the signs and symptoms of abuse and neglect and how to report concerns. However, we noted that the contact details for the local safeguarding team had not been checked or updated since 2013. On our inspection on 19 November 2021 we found that these had been updated and were accessible if required.
- The provider had conducted a risk assessment to mitigate the risk present from not using dental dam.
- The provider had implemented effective procedures to ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Records were available to demonstrate that maintenance procedures had been undertaken within the building.
- The provider had obtained evidence to show that essential maintenance checks, including a five-year fixed wiring check, a fire safety risk assessment and portable appliance testing, had been undertaken and that the premises was safe for the provision of regulated activities. Records showed that emergency lighting, fire extinguishers and fire alarms were tested and serviced.
- The provider had arrangements to ensure the safety of the X-ray equipment and we saw that all of the required information was in their radiation protection file. The local rules for radiation had been reviewed and updated. Quality assurance processes and radiography audits had been undertaken.
- An updated sharps' risk assessment had been undertaken. This included up to date details for the local occupational health contact details.
- Emergency equipment and medicines were available as described in recognised guidance. Staff kept regular records of their checks of these to make sure they were available, within their expiry date, and in working order.
- The provider had undertaken risk assessments to minimise the risk that can be caused from substances that are hazardous to health.
- The provider had commenced a six monthly audit cycle for infection prevention and control audits in line with Health Technical Memorandum (HTM) 01-05 guidance.
- The provider had undertaken an audit of their antimicrobial prescribing.
- The provider had developed a new system to deal with significant events, and felt that any incidences would be discussed on site.
- The provider had implemented a clear system for disseminating safety alerts to ensure that they had been read by the clinical team.

These improvements showed the provider had taken action to comply with the regulations 12 and 17 when we inspected on 10 August 2021.

Are services well-led?

Our findings

We found that this practice was providing well led care and was complying with the relevant regulations.

At our previous inspection on 10 August 2021 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 19 November 2021 we found the practice had made the following improvements to comply with the regulations 12 and 17:

- The provider had made significant improvements to the practice's governance systems. There was an increased oversight of the day to day management of the service.
- There were now effective arrangements for assessing and minimising risks to patients and staff.
- The provider had implemented quality assurance processes to encourage learning and continuous improvement, such as an ongoing audit cycle of infection control, radiography and record keeping.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations 12 and 17 when we inspected on 10 August 2021.