

Dental W12

# Church Street Dental Practice

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Church Street Dental Practice on 26 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 was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Church Street Dental Practice on 14 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 safe or well-led care and was in breach of regulations 12, 17 and 19 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 Church Street 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 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 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 14 November 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 14 November 2023.

## **Background**

Church Street Dental Practice is in the London Borough of Enfield 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 practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 1 principal dentist, 7 dentists, 4 qualified dental nurses, 6 trainee dental nurses, and 4 receptionists. The practice has 6 treatment rooms.

During the inspection we spoke with the principal dentist, 2 dental nurses, 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 Thursday from 8am to 5pm

Friday from 8am to 3pm.

# 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 26 March 2024 we found the practice had made the following improvements to comply with the regulation(s):

- Improvements had been made to ensure the management of fire safety was effective. A fire risk assessment had been completed by a competent person on 14 February 2024. The practice had acted on all recommendations.
- The practice had implemented effective procedures to reduce the risk of Legionella developing in water systems. The practice had a Legionella risk assessment completed by a competent person on 14 February 2024. We saw evidence which demonstrated that all recommendations from this risk assessment had been actioned.
- Improvements had been made to ensure the premises were safe. An electrical installation condition report had been undertaken on 10 February 2024 and a gas safety certificate dated 3 February 2024 demonstrated that the practice had been checked for safety.
- The practice had implemented effective systems to monitor NHS prescriptions. This ensured that any missing prescriptions could easily be identified.
- The provider had improved their recruitment procedure to reflect relevant legislation. The required documentation, including Disclosure and Barring Service (DBS) checks, evidence of immunity to Hepatitis B and photographic ID were available to review for all staff. Further improvements could be made to ensure photographic ID had not expired for all staff members.

The practice had also made further improvements:

- The provider had ensured that electro-mechanical servicing of the radiation equipment had been carried out in line with the manufacturer's guidance. Rectangular collimators were available to use with the intraoral X-ray units, but they were not being used routinely.
- All members of staff had completed safeguarding training at a level appropriate to their role.
- Clinical waste bags were available at the point of disposal.

# 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 26 March 2024 we found the practice had made the following improvements to comply with the regulation(s):

- The principal dentist showed commitment to delivering safe, compassionate and high-quality care. They had appointed a CQC lead and had sufficient oversight of the day-to-day activities of the practice. The dental team worked together to implement improvements.
- Information presented during the inspection was well organised and easily accessible.
- Effective systems and processes had been implemented to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. The practice had carried out risk assessments for all hazardous materials used within the practice as per Control of Substances Hazardous to Health Regulations 2002 (COSHH), and data sheets for all these materials were easily accessible to all staff.
- Effective systems and processes had been implemented to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. Radiography audits were carried out 6 monthly in line with guidance. Further improvements could be made to ensure that the audits have documented learning points and that the resulting improvements can be demonstrated.
- The practice had implemented an effective system to monitor staff training, and all staff training was up to date. Newly appointed staff had received induction at the point of employment, and we saw 19 members of staff had received an appraisal since our last inspection, which ensured that learning and development needs were identified.

The practice had also made further improvements:

- Audits of record keeping and antimicrobial prescribing were ongoing at the time of our inspection. Further improvements could be made to ensure that audits have documented learning points and the resulting improvements can be demonstrated.