

Mr Cheong Ng

# C F Ng Dental Practice

## Inspection report

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### Overall summary

We carried out this announced inspection on 10 August 2021 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions. However, due to the ongoing pandemic and to reduce time spent on site, only the following three questions were asked:

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

These are three of the five questions that form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was not providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations.

##### **Are services well-led?**

# Summary of findings

We found that this practice was not providing well-led care in accordance with the relevant regulations.

## 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 appeared clean and well maintained.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked well as a team. Staff spoke openly about how much they enjoyed working at the practice.
- The provider had infection control procedures which reflected published guidance; there was no system in place for the quality assurance of these procedures.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available; however, they were not regularly checked to ensure that they were in date and in good condition. The defibrillator pads were past their use by date.
- The practice had some systems to help them assess and manage risk. However, these were not always consistent or in line with current guidance and legislation.
- Risk assessments had not been undertaken to minimise the risk that can be caused from substances that are hazardous to health.
- The provider did not have effective governance systems to monitor the day to day running of the practice.
- There was lack of a quality assurance process to encourage learning and continuous improvement, such as an ongoing audit cycle of infection control, radiography and record keeping.

We identified regulations the provider was not complying with. They must:

# Summary of findings

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Furthermore, there were areas where the provider could make improvements. They should:

- Implement an effective 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.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

**Full details of the regulations the provider is not meeting are at the end of this report.**

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

|                         |                     |   |
|-------------------------|---------------------|---|
| Are services safe?      | Requirements notice | ✗ |
| Are services effective? | No action           | ✓ |
| Are services well-led?  | Requirements notice | ✗ |

# Are services safe?

## Our findings

We found that this practice was not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The provider did not have systems that were operated effectively to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. 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. Following our inspection, we were provided with evidence to show that these details had been updated.

The provider did not have a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider did not use dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. There was no risk assessment in place to mitigate the risk present from not using dental dam. Additionally there was no evidence of use of any suitable alternatives to dental dam to ensure the specific dental procedures were undertaken in a safe and clinically effective manner

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff if required. The current team had worked together for a substantial amount of time. The appropriate checks at their time of employment had been undertaken.

The principal dentist was qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The provider did not have effective procedures to ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were no records available to demonstrate that maintenance procedures had been undertaken within the building.

The practice was in a leased premises. There was no evidence that the provider had obtained assurances that the essential maintenance checks such as a five-year fixed wiring check and fire safety check had been undertaken and that the premises was safe for the provision of regulated activities. There were no records to show that emergency lighting and fire alarms were tested and serviced. We noted the fire extinguishers had been last safety tested in 2019. Fire exits were clearly identified and were kept clear.

The provider had not undertaken portable appliance testing.

The autoclave had been last tested in January 2020 and was due its annual service. The provider assured us that this had been booked for the coming week.

# Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and we saw that most of the required information was in their radiation protection file. We noted that the local rules for radiation had not been reviewed since 2014.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography. There was no evidence of quality assurance processes or radiography audits being undertaken.

## **Risks to patients**

The practice did not have effective systems to assess, monitor and manage risks to patients in a safe way.

We looked at the provider's arrangements for safe dental care and treatment. A sharps' risk assessment had been undertaken but was not regularly reviewed. We noted that the local occupational health contact details had not been updated since 2013.

The provider and nurses had received the vaccination required to protect them against the hepatitis B virus, and ensured that the effectiveness of the vaccination was checked.

The provider had current employer's liability insurance.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. However, we found that staff did not keep regular records of their checks of these to make sure they were available, within their expiry date, and in working order. We found that the defibrillator pads were past their use by date.

A dental nurse worked with the provider when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

The provider did not have any suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The provider had an infection prevention and control policy and procedures. They generally followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. However,

the provider did not undertake six monthly infection prevention and control audits in line with HTM 01-05 guidance.

The provider had a policy in place which outlined the actions taken to protect staff and the public from the spread of Covid-19.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05 guidance. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had some procedures in place to reduce the possibility of legionella or other bacteria developing in the water

# Are services safe?

systems, however a formal risk assessment had not been undertaken.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected. The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the provider how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with the dentist to confirm our findings and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

## **Safe and appropriate use of medicines**

We saw staff stored and kept records of prescriptions as described in current guidance. We noted that the provider did not undertake regular audits of antimicrobial prescribing.

## **Track record on safety and lessons learned and improvements**

The provider did not have a system in place to deal with significant events, and felt that any incidences would be discussed on site.

The provider held the correct numbers for who to contact with any safety issues in the practice.

The principal dentist received alerts from the Medicines and Healthcare products Regulatory Authority and national patient safety alerts, but there was no clear system for disseminating them to ensure that they had been read by the clinical team. We discussed this with the provider and were assured that a process would be developed to ensure that the alerts were effectively reviewed by all members of staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this practice was providing effective care in accordance with the relevant regulations.

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that the provider assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### **Helping patients to live healthier lives**

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The provider described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. However, we noted that patients' basic periodontal examination scores were not always accurately recorded in patient records.

### **Consent to care and treatment**

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after. The provider gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age might give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The provider assessed patients' treatment needs in line with recognised guidance.

The provider did not have quality assurance processes to encourage learning and continuous improvement.



# Are services effective?

(for example, treatment is effective)

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

## **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The provider confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. The practice did not hold a log of referrals made to other specialists. We discussed this with the provider, and they agreed to implement a referral log with immediate effect.

# Are services well-led?

## Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Actions section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### **Leadership capacity and capability**

The practice team was small, and the principal dentist had overall accountability for leadership and the day to day management of the service. There was a lack of oversight for the day to day management of the service. The provider made improvements in a reactive manner rather than as part of an ongoing system for monitoring and improving quality and safety.

Staff had access to policies and procedures, and these were reviewed annually by the practice team. However, there was a lack of overall leadership to ensure that the practice procedures were implemented and followed.

### **Culture**

The provider focused on the needs of patients. Additional chairside support was provided for anxious patients and feedback from patients was continually encouraged and reviewed.

The provider provided us with examples of where they spent extra time with patients to ensure their safety and comfort.

Staff who we spoke with told us that they were happy working at the practice. They told us the principal dentist was supportive and that they worked well as a team.

The provider had a policy in place to deal with complaints.

### **Governance and management**

The provider did not have systems of accountability to support good governance and management. There were ineffective arrangements for assessing and minimising risks to patients and staff. For example, there was no system to confirm arrangements for the safety of the premises, X-ray servicing information was not up to date, and there was no system for quality assurance throughout the practice.

### **Engagement with patients, the public, staff and external partners**

The provider involved patients to support high-quality sustainable services.

The provider used patient surveys, internet-based reviews and verbal feedback to obtain patients' views about the service. The provider monitored the feedback and continually received positive comments each month. Online reviews stated that many patients felt the provider gave an 'excellent' service.

### **Continuous improvement and innovation**

The provider did not have quality assurance processes to encourage learning and continuous improvement, such as an ongoing audit cycle of infection control, radiography and record keeping. The provider did undertake annual audits of disability access within the practice.

The team completed 'highly recommended' training as per General Dental Council professional standards.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity   | Regulation   |
|--|--|
| Diagnostic and screening procedures<br>Treatment of disease, disorder or injury<br>Surgical procedures | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17</b></p> <p><b>Good governance</b></p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• Radiography audits were not carried out in line with current guidance and legislation to ensure the quality of grading, justification and reporting in relation to dental radiographs.</li><li>• Infection prevention and control audits were not undertaken at regular intervals.</li></ul> <p>The registered person had systems or processes in place that operated ineffectively in that they failed 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.</p> <p>In particular:</p> |

This section is primarily information for the provider

## Requirement notices

- The provider did not have an effective system for checking emergency medicines and emergency equipment to ensure that they were in date and in good condition. The defibrillator pads were past their use-by date.
- The provider did not have a governance system in place to ensure that a five-year fixed wiring check and fire safety check had been undertaken and that the premises was safe for the provision of regulated activities.

Regulation 17 (1)

### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

##### **Regulation 12**

##### **Safe care and treatment**

The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- The provider did not use dental dam when undertaking specific dental treatments. They could not provide assurances of use of any suitable alternatives to optimise patient safety.
- The provider had not undertaken portable appliance testing for electrical items within the practice.
- There was lack of arrangements for assessing and managing risks in relation to legionella and the Control of Substances Hazardous to Health (COSHH).

Regulation 12 (1)