

Dr. Frances Oluyannwo

# Pearls Dental Centre

## Inspection report

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Date of inspection visit: 24 June 2021  
Date of publication: 28/07/2021

### Overall summary

ThuWe carried out this announced inspection on 24 June 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 this practice was providing safe care in accordance with the relevant regulations.

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

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

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

# Summary of findings

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

## Background

Pearls Dental Centre is in the London Borough of Redbridge and provides NHS and private treatment to adults and children. NHS Services are provided under a General Dental Services (GDS) contract with NHS England. (GDS is one of the two contracting routes that have been made available to NHS dentists).

There is level access for people who use wheelchairs and pushchairs. The practice is located on a busy high road and has access to London Transport and National rail services. Paid on street parking is available and includes disabled parking bays.

Pearls Dental Centre is run by Dr. Frances Oluyannwo who is the principal dentist there and is supported by two qualified dental nurses- one of whom serves as the reception staff. The principal dentist who is the responsible individual has the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Pearls Dental Centre is registered as an organisation with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures from 732 High Rd, Goodmayes, Ilford IG3 8SU.

The practice is open Monday to Thursday from 9am to 5.30pm and Friday 9am to 3pm. Saturday opening is by appointment only.

Out of hours services, when the practice is closed are provided by the local urgent dental service. The practice has a website where patients could request appointments online.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- The arrangements in place minimised the risk of Covid-19 transmission.
- The provider had 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.
- All the staff working at the practice were qualified and registered with the General Dental council (GDC).
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- Some governance arrangements needed strengthening to ensure full compliance with legislation.

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

- Improve policies and procedures to ensure they are updated and bespoke to the practice.
- Take action to archive records for staff who no longer work at the practice.
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations (COSHH) 2002, to ensure risk assessments are undertaken for all substances held on site.

# Summary of findings

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, in particular, the arrangements for transferring instruments.
- Improve the practice's risk management systems for monitoring and mitigating the risks, in particular those relating to fixed electrical wiring and annual electro-mechanical checks for the intra-oral X-ray equipment.
- Improve and develop the practice's policy for obtaining patient consent to care and treatment to ensure they are in compliance with legislation and take into account relevant guidance.

# 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 effective?	No action	✓
Are services well-led?	No action	✓

# Are services safe?

## Our findings

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

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

Staff had clear systems 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 had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had an infection prevention and control policy and procedures which had been updated to incorporate the “transition to recovery” Standard Operating Procedure (SOP) to ensure the transmission of Covid-19 was minimised. We saw that staff had been risk assessed prior to returning to work following the first lockdown in June 2020. We also observed reception staff risk assessing patients who telephoned for appointments.

We saw evidence that staff had been fit tested for filtering facepiece masks (FFP) and that they had access to full coverage gowns as part of personal protective equipment (PPE) when carrying out Aerosol Generating Procedures (AGPs) which posed a risk of transmission to Covid-19. The principal dentist was also a trained fit-tester.

The practice staff 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.

The provider had arrangements for cleaning, checking, sterilising and storing instruments in line with HTM 01-05, however they needed to review how they transferred contaminated instruments from the surgery to the decontamination room to ensure it is done safely.

The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers’ guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

Equipment such as the autoclave, ultrasonic bath, dental chair, suction and compressor had been serviced as per manufacturer’s guidance.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a professional risk assessment undertaken in February 2021. The risk of legionella was deemed low and we saw evidence the two recommendations in the assessment had been actioned. We saw records which demonstrated they carried out regular water testing and dental unit water line management were maintained.

We saw cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean and tidy.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. In addition, we saw evidence amalgam and gypsum waste were disposed of in the appropriate manner.

# Are services safe?

The provider was the infection control lead. They carried out infection prevention and control audits twice a year with the support of the dental nurse. The latest audit scored 98% and showed the practice was meeting the essential quality requirements.

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy and staff felt confident they could raise concerns without fear of recrimination.

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff. The provider told us they did not use agency or locum staff. These reflected the relevant legislation. We looked at both staff recruitment records. These showed the provider followed their recruitment procedure.

We saw evidence clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained and serviced according to manufacturers' instructions. Professional portable appliance testing (PAT) was carried out on all electrical appliances.

A written fire risk assessment was undertaken on 11 December 2021 in line with the legal requirements. We saw there were fire extinguishers and fire alarms throughout the building and fire exits were kept clear. The provider told us they undertook fire drills; however, they did not record the outcome of these. All staff had received appropriate training in fire safety including the nominated fire warden.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We did not see any evidence the recommended annual electro-mechanical checks had been undertaken.

There was some evidence that the dentist justified, graded and reported on the radiographs they took. However, when we reviewed the radiograph audit completed on 8 December 2020, we noted that one of the learning outcomes was to ensure all X-rays were reported on; this was not being undertaken.

Clinical staff completed continuing professional development in respect of dental radiography.

## **Risks to patients**

The provider had implemented some systems to assess, monitor and manage risks to patient safety.

The practice had health and safety policies, procedures and risk assessments to manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Sepsis prompts for staff and patient information posters were not displayed throughout the practice. However, they had access to a "triage decision process" document which helped to ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

# Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. The provider told us that training was always delivered in a face to face setting, however owing to the pandemic this was completed online by all staff.

Emergency equipment and medicines were available as described in recognised guidance. We found that although staff kept records of their checks, this was not done consistently. All medicines were in date except for two needles for administering medicines; they expired in 2015. These were rectified following the inspection.

There were some risk assessments to minimise the risk that can be caused from substances that are hazardous to health as per the Control of Substances Hazardous to Health (COSHH) Regulations 2002. However, better oversight was needed to ensure all substances that have the potential to be harmful were risk assessed.

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

The provider had an effective system for referring patients with suspected oral cancer under the national two-week wait arrangements. The fail-safe system ensured patients were seen, followed up and outcome recorded. 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**

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of antimicrobials and analgesics which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentist was aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentist was following current guidelines.

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

The provider had implemented systems for reviewing and investigating when things went wrong. There were risk assessments in relation to safety issues. The provider had an incident reporting policy including several variations of the reporting form. We raised this with the provider who explained that they retained previous copies to demonstrate compliance. At the inspection, they agreed to archive obsolete records.

The provider had policies and procedures for receiving and acting on safety alerts. Relevant alerts were stored on the computer and shared with dental nurses if appropriate.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

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

The practice had systems to keep staff up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We also saw that the principal sought clinical advice in the form of peer review from other dentists in the local area.

The principal dentist had an interest and had undergone appropriate post-graduate training in the provision of dental implants. The provider told us they had not placed an implant since 2017 and was now referring patients externally if they were interested.

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

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

The dentist prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. For those patients with chronic gum condition, the provider told us they were referred to other specialist primary and secondary services.

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

Although the policy we reviewed needed updating, staff we spoke with during the inspection understood the importance of obtaining and recording patients' consent to treatment. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions.

All staff had completed up-to-date training in mental capacity.

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 dentist assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

# Are services effective?

(for example, treatment is effective)

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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide; the practice maintained a “referral log” to track patients and follow them up if required.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

This was a small family dental practice which had been operating by the provider for 12 years. We found the principal dentist had the qualifications, capacity, values and skills to deliver clinical care in line with current guidance. The provider recognised that being a single-handed practice owner brought about extra challenges and as such they had a dedicated non-clinical working day to focus on the governance/administrative area of the business.

Staff told us they worked closely and well as a team to ensure they prioritised compassionate and patient-centric care.

### **Culture**

The practice had a mission statement and that was to “provide high-quality treatment in a friendly environment. We are committed to continuing dental education and keeping abreast of the changes in modern dentistry.”

Staff stated they felt respected, supported and valued and were proud to work in the practice. They talked about the practice team being a “family” who have worked together for over eight years.

Staff discussed their training needs at an annual appraisal; however, this had lapsed at the time of visit and they told us this was due to the pandemic. We saw evidence the principal discussed learning needs, general wellbeing and aims for future professional development. We saw evidence both dental nurses started at the practice as trainee nurses.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The staff showed a commitment to learning, for example, the principal dentist undertook various post-graduate training courses including Conscious sedation and Masters in Implantology.

### **Governance and management**

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. The provider had a system of clinical governance in place which included policies, protocols and procedures. However, some of those provided to us on the inspection were out-dated and did not accurately reflect the practice’s arrangements. For example, the practice’s consent policy did not include information about the Mental Capacity Act 2005.

Improvements were required to ensure the governance arrangements adhered to legislation and guidance, for example:

- We found some policies, such as on incident reporting were not tailored to the practice.
- Staff records for members of staff who no longer worked at the practice had not been suitably archived and stored away.
- The provider had some risk assessments to minimise the risk that can be caused from substances that are hazardous to health. However, we found regularly used item such as acid etch (phosphoric acid) had not been risk assessed.
- Though there was some evidence to demonstrate electrical safety checks had been undertaken on 15 December 2020, improvements could be made to have in place a formal comprehensive testing of the building’s fixed electrical wiring structure.

# Are services well-led?

- Recommended annual electro-mechanical checks for the intra-oral X-ray machine had not been done, however we received evidence the provider was in the process of scheduling with the engineers.