

Mr. Aun Ki Fang

# Mr Aun Ki Fang

## Inspection report

113A Ballards Lane  
Finchley  
London  
N3 1XY  
Tel: 02083460983

Date of inspection visit: 27 May 2022  
Date of publication: 24/06/2022

### Overall summary

We carried out this announced focused inspection on 27 May 2022 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 practice 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 COVID-19 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 questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Safeguarding processes were in place 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 provided preventive care and supported patients to ensure better oral health.
- There was effective leadership and a culture of continuous improvement.
- The practice had staff recruitment procedures which reflected current legislation.
- Staff felt involved and supported and worked as a team.

# Summary of findings

- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.
- There were systems in place to ensure the dental equipment was serviced regularly. However, improvements were needed to ensure that the premises were safe.
- Risks to staff and patients from undertaking of regulated activities had not been suitably identified and mitigated.
- There were ineffective systems to ensure that staff were up to date with their recommended training as set out by the General Dental Council.

## Background

Mr Aun Ki Fang is in Finchley, in the London Borough of Barnet, and provides NHS and private dental care and treatment for adults and children.

The practice is located close to public transport links and car parking spaces are available nearby.

The dental team includes one principal dentist, one associate dentist, two dental nurses, one dental hygienist, and one receptionist. The dental team is supported by a practice manager. The practice has two treatment rooms.

During the inspection we spoke with the principal dentist, one dental nurse, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday, Wednesday, Friday 8.30am to 5.30pm

Thursday and Saturday 8.30am to 5pm

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

- 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.

## Full details of the regulations the provider was not meeting are at the end of this report.


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

Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry (CGDent).

# Summary of findings

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

We asked the following question(s).

Are services safe?	Enforcement action	
Are services effective?	No action	
Are services well-led?	Requirements notice	

# Are services safe?

## Our findings

We found 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.

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

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured dental equipment was safe to use and maintained and serviced according to manufacturers' instructions. However, improvements were needed to ensure the safety of the premises. We found that recommendations made in the electrical installation condition report, which found the fixed electrical installation unsatisfactory on 18 April 2018, had not been carried out. The report highlighted a number of issues marked as 'urgent action required'. For example, the isolator and distribution board at mains was hanging on supply cable, there were no visible main bonding conductors, there was no protection for the ground floor sockets and exposed live parts were taped at the main intake. The provider could not demonstrate that any of these issues and others requiring improvement had been reviewed and addressed.

The risks related to fire safety had not been mitigated and neither reviewed regularly by a person with the qualifications, competence and experience to do so. We found that recommendations made in the fire risk assessment carried out on 18 February 2019 had not been actioned. The fire risk assessment highlighted a number of issues requiring urgent action. For example, the risk assessment stated the fire exit on the first floor must remain unlocked. However, on the day of the inspection we found the fire exit on the first floor shut with the use of bolts. In addition, the fire risk assessment recommended that a fire door is installed in surgery 2, a fire alarm is installed at the premises and an additional smoke detector is installed in the waiting area. The provider could not demonstrate that these recommendations had been actioned.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

### **Risks to patients**

The practice had implemented some effective systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

# Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

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

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

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

The practice had systems for appropriate and safe handling of medicines. Improvements could be made to ensure that antimicrobial prescribing audits were carried out annually in line with the relevant guidance published by College of Dentistry (CGDent).

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

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts.

# 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 dental professionals up to date with current evidence-based practice.

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

The practice provided preventive care and supported patients to ensure better oral health.

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

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

Staff understood their responsibilities under the Mental Capacity Act 2005.

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 in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

### **Effective staffing**

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

Newly appointed staff had a structured induction.

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

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

# 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 Notices 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**

We found that long standing risks had not been mitigated and improvements were needed to the practice's risk management systems for mitigating various risks arising from the undertaking of the regulated activities. These included for example, recommendations of risk assessments and premises safety checks.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

Improvements were needed to ensure that staff were up to date with their recommended training as set out by the General Dental Council. On the day of inspection, we found safeguarding training had not been completed by two members of staff and infection control training had not been undertaken by one clinical staff. Since the inspection the provider submitted evidence that these have now been completed.

### **Governance and management**

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The practice clinical governance system included policies, protocols and procedures. We saw evidence that policies were reviewed on a regular basis.

### **Appropriate and accurate information**

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

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

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### **Continuous improvement and innovation**

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.

## 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 Treatment of disease, disorder or injury 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 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>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that were operating 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>• The practices risk management systems were ineffective as long-standing risks had not been mitigated.</li></ul> <p>There were no systems or processes that enabled 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>• There were ineffective systems to ensure that staff were up to date with their recommended training as set out by the General Dental Council</li></ul> <p>Regulation 17 (1)</p>



## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p>Regulation 12 Safe care and treatment</p> <p>How the Regulation was not being met</p> <p>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.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• Recommendations made in the fire risk assessment carried out on 18 February 2019 had not been actioned.</li><li>• The fire risk assessment highlighted a number of issues requiring urgent action. For example, the risk assessment stated the fire exit on the first floor must remain unlocked. However, on the day of the inspection we found the fire exit on the first floor shut with the use of bolts. In addition, the fire risk assessment recommended that a fire door is installed in surgery 2, a fire alarm is installed at the premises and an additional smoke detector is installed in the waiting area. These recommendations had not been actioned.</li><li>• We noted a step ladder and cleaning equipment obstructing the fire exit leading from the waiting room, and a bicycle partially obstructing the external staircase.</li></ul> <p>The premises being used to care for and treat service users were not safe for use.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• Recommendations made in the electrical installation condition report, which found the fixed electrical installation unsatisfactory on 18 April 2018, had not been carried out.</li></ul>

This section is primarily information for the provider

## Enforcement actions

- The report highlighted a number of issues marked as 'urgent action required'. On the day of inspection, the provider could not demonstrate that any of the issues requiring urgent action and others requiring improvement have been reviewed and addressed.

Regulation 12 (1)