

Dr. Stephen Smith

Oralon Dental

Inspection Report

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Overall summary

We undertook this follow-up focused inspection on 17 April 2019. 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 Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

We previously undertook a comprehensive inspection on 19 September 2018 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 well led care and was in breach of Regulation 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 Oralon Dental on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect the service again after a reasonable interval, focusing on the areas where improvement was required.

Our findings during this inspection were:

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 during the previous inspection on 19 September 2018.

Background

Oralon Dental is in the London Borough of Southwark and provides private treatment to patients of all ages.

The dental team includes four dentists, a qualified dental nurse, a treatment coordinator (who also undertakes receptionist duties and is a qualified dental nurse), a dental hygienist and a practice manager.

The practice has two treatment rooms.

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, a dental nurse, the treatment coordinator, and the practice manager. We checked practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday between 8.15am and 9pm.

Our key findings were:

Summary of findings

The provider had established systems and processes to ensure good governance in accordance with the fundamental standards of care. They had:

- Improved their systems for recruiting staff to ensure the necessary background checks were completed.
- Carried out radiography and infection control audits to monitor and improve the quality of the services being provided.
- Assessed the risks associated with a member of clinical staff working without chairside support.
- Ensured that all staff completed key training and established systems to ensure training would be suitably monitored.
- Reviewed the training, learning and development needs of staff members and established a process for the ongoing assessment, supervision and appraisal of the practice's staff.

- Reviewed health and safety, fire and Legionella risk assessments and implemented improvements.
- Reviewed the practice's protocols for recording, investigating and reviewing national patient safety alert, recalls and rapid response alerts.
- Implemented protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products were being stored in line with the manufacturer's guidance.

There was an area where the provider could make improvements. Some dental care records lacked detail. The provider should:

- Review the practice's protocols for completion of dental care records, taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations 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 well-led?

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

They had ensured risks relating to the safety, effectiveness and management of the service were assessed, identified, mitigated and suitably monitored. Our key findings were that they had:

- Improved their systems for recruiting staff to ensure the necessary background checks were carried out.
- Ensured that all staff completed key training.
- Carried out radiography and infection control audits to monitor and improve the quality of the services being provided.
- Assessed the risks of a member of clinical staff working without chairside support.
- Ensured that all staff completed key training.
- Reviewed the learning and development needs of staff members and established a process for the ongoing assessment, supervision and appraisal of the practice's staff.
- Reviewed health and safety, fire and Legionella risk assessments and implemented improvements.
- Reviewed the practice's protocols for recording, investigating and reviewing national patient safety alert, recalls and rapid response alerts.
- Implemented protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products were being stored in line with the manufacturer's guidance.

No action



Are services well-led?

Our findings

At the previous inspection on 19 September 2018 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.

During this inspection on 17 April 2019 we found the provider had made the following improvements to comply with the regulations:

- The provider sent us evidence demonstrating that they had carried out criminal background checks for all relevant staff. They had updated their recruitment policy to include guidance for staff regarding the completion of these checks for new staff prior to them commencing employment at the practice. Their policy stated they would obtain suitable references for interview candidates.
- The provider had ensured that all staff were up to date with key training including basic life support, safeguarding, infection prevention and control, and radiography.
- The provider had carried out a new infection prevention and control audit, and radiography audits. They had implemented protocols to ensure the audits would be carried out regularly to continuously monitor and improve the quality of the services being provided.

The practice had also made further improvements. They had:

- Reviewed their health and safety, fire safety, and Legionella risk assessments and made further safety improvements such as for the recording of water temperatures of the taps, installing reinforced glass for doors, improving fire proofing in cupboards, and installing a smoke detector in the decontamination area.
- Carried out a comprehensive risk assessment in relation to a dental clinician working without chairside support.
- Established an effective system for disseminating and acting on any relevant medicines and equipment safety alerts, recalls and rapid response alerts to help them maintain a good standard of safety in the practice.
- Implemented an incident policy and recording form to help them manage serious incidents. Staff were clear on the types of incidents that should be documented and shared.
- Ensure that all staff had received an appraisal, and these were documented.
- Provided guidance for staff on managing accidental exposure to bodily fluids and cleaning materials.
- Implemented protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products were being stored in line with the manufacturer's guidance.

The above-mentioned improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations.

The provider could strengthen arrangements in relation to ensuring dental care records contained sufficient detail.