

# Dr. Stephen Smith

# Oralon Dental

## Inspection Report

2 The Circle  
Queen Elizabeth Street  
London  
SE1 2JE  
Tel: 020 7407 4556  
Website: <http://oralon.co.uk/>

Date of inspection visit: 19 September 2018  
Date of publication: 19/10/2018

## Overall summary

We carried out this announced inspection on 19 September 2018 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 always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

### Our findings were:

#### Are services safe?

We found that this practice was 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 caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

#### Are services responsive?

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

#### Are services well-led?

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

### Background

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

There is level access for people who use wheelchairs, and those with pushchairs.

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

# Summary of findings

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.

On the day of inspection, we obtained feedback from 61 patients.

During the inspection we spoke with the principal dentist, a dental nurse, 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 8.15 am and 9pm.

## Our key findings were:

- Patients gave us positive feedback about all aspects of the service.
- The practice appeared clean and well maintained. They had infection prevention and control procedures.
- Staff knew how to deal with emergencies. Medicines and life-saving equipment were available.
- The practice had processes to safeguard vulnerable safeguard adults and children.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The practice had suitable information governance arrangements.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice had systems to enable them to deal with complaints efficiently.
- Staff felt involved and supported and worked well as a team.
- We found there was a lack of assessment, identification, mitigation and monitoring of risks, and

a lack of effective governance. The practice had not established effective systems to enable them to monitor and improve the quality of the services being provided.

We identified a regulation the practice was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

There are areas where the practice could make improvements. They should:

- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.
- 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.
- Review the health and safety risk assessment.
- Review the practice's system for recording, investigating and reviewing incidents or significant events, and review the practice's arrangements for receiving and responding to national patient safety alerts, recalls and rapid response alerts.
- Review the practice's protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment.

The practice had systems and processes to provide safe care and treatment. They could strengthen arrangements by implementing a system for reporting and learning from incidents.

The practice had processes to safeguard vulnerable safeguard adults and children.

Staff were qualified for their roles. Clinical staff had been immunised.

The premises and equipment appeared clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had arrangements for dealing with medical and other emergencies.

Improvements were required to ensure that appropriate recruitment processes were followed in all cases when employing new staff.

No action



### Are services effective?

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

Patients described the treatment they received as being of a high standard.

The dentists discussed treatment with patients so they could give informed consent. They understood their responsibilities regarding mental capacity and consent.

The practice had arrangements for referring patients to other dental or health care professionals.

The practice could strengthen arrangements by establishing effective processes for the regular appraisal of staff, and to monitor training needs.

No action



### Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 61 people. Patients were highly positive about all aspects of the service the practice provided. They told us staff were caring, kind and professional.

No action



# Summary of findings

They said that they were given helpful, detailed and clear explanations about dental treatment and said their dentist listened to them. Patients commented that staff made them feel at ease.

Staff protected patients' privacy and were aware of the importance of confidentiality. We observed staff treating patients with dignity and respect; patients confirmed this was always the case.

## **Are services responsive to people's needs?**

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if they were experiencing dental pain.

Staff considered patients' different needs. They provided facilities for wheelchair users and families with children.

The practice told us they took patients views seriously. They valued compliments from patients and had systems in place to enable them to respond to and manage complaints and concerns quickly and constructively.

**No action**



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

We found that 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 these actions in the Requirements Notice sections at the end of this report).

There was a clearly defined management structure. Staff felt supported and worked well as a team.

We found there was a lack of assessment, identification, mitigation and monitoring of risks, and a lack of effective governance which resulted in shortcomings across the service. The practice had not established effective systems to enable them to monitor and improve the quality of the services being provided.

**Requirements notice**



# Are services safe?

## Our findings

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))**

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff were clear on their responsibilities to report safeguarding concerns.

There was a system to highlight vulnerable patients, and those who needed additional support in their dental care records.

The practice had a whistleblowing policy.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy to help them employ suitable staff. We checked recruitment records for two recently recruited staff and found although the practice had carried out some checks to assure themselves of the suitability of these staff members, they could make some improvements. For example, they had not obtained references for both staff members; this was not in line with their policy. They had not carried out a new criminal background check for a member of staff whose last background check was completed in 2010, in a different country, prior to them commencing employment at the practice.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

The principal dentist told us they regularly checked fire detection and firefighting equipment; they could strengthen arrangements by documenting these checks.

The practice had arrangements to ensure the safety of the radiography equipment. They could strengthen arrangements by ensuring local rules were up to date.

All but one member of clinical staff completed continuing professional development in respect of dental radiography. The practice told us they had arranged for this training to be updated by the staff member in October 2018.

We saw evidence that the dentists reported on the radiographs they took. The practice did not carry out radiography audits every year; this was not in accordance with current guidance and legislation.

### **Risks to patients**

The practice had a health and safety policy. They had carried out a health and safety risk assessment in 2013 but had not updated this regularly or ensured that it was practice-specific.

The practice had employer's liability insurance.

There was evidence to show that all clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. The practice had checked the effectiveness of Hepatitis B vaccination for all but one member of staff.

The practice had medicines, equipment and arrangements to help them respond to medical emergencies. Shortly after the inspection they ordered additional equipment and medicines to ensure they were available as per current national guidance. The practice could strengthen arrangements by ensuring they monitored the temperature of the fridge used to store a medicine Glucagon, to ensure it was stored at the optimum temperature range.

The practice was not able to evidence an effective system in place to monitor medicines, materials and equipment to ensure they remained available and in date. We found some materials and equipment had passed their use-by date; the practice told us they had replaced these shortly after the inspection.

Staff had completed training in basic life support. The practice told us they had made arrangements for some staff to update their training in October 2018.

A dental nurse worked with the dentists when they treated patients, in line with General Dental Council's Standards for the Dental Team. The practice had not assessed the risks

# Are services safe?

associated with the dental hygienist working without chairside support. They told us the dental hygienists could request assistance with sterilising contaminated instruments if needed.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. They could strengthen these risk assessments by including accidental exposure to bodily fluids and cleaning materials.

The practice had not completed a sharps risk assessment to help them assess the risks associated with the use of sharp items in the practice; they completed this shortly after the inspection.

The practice had completed a recent fire risk assessment and had addressed some recommended actions; they could make improvements by ensuring they reviewed this risk assessment and addressed outstanding recommendations.

The practice had an infection prevention and control policy, and procedures. They had an annual infection control statement detailing these procedures. We saw cleaning schedules for the premises. The practice appeared clean when we inspected it and patients confirmed that this was usual.

The practice followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health when transporting, cleaning, checking and sterilising dental instruments.

Records showed the autoclave used for sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that dental laboratory work was disinfected prior to being sent to a dental laboratory, and before the dental laboratory work was fitted in a patient's mouth.

The practice carried out water testing and disinfection of dental unit water lines. They had carried out a Legionella risk assessment; they could make improvements by ensuring they reviewed the Legionella risk assessment and addressed recommended actions.

The practice had not carried out infection prevention and control audits twice a year.

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

We discussed with the principal dentist how information to deliver safe care and treatment was handled and recorded. We checked a sample of dental care records to confirm our findings and noted they were legible, stored securely and complied with data protection requirements.

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

There was a stock control system of antibiotics and analgesic medicines held on site.

## **Track record on safety**

The practice had processes in place to record accidents that occurred on the premises.

The practice told us they received safety alerts but did not keep them. They did not evidence any safety alerts they had received in the last 12 months. Shortly after the inspection they signed up to receive electronic safety alerts; they could strengthen arrangements by establishing an effective system for disseminating and acting on any relevant safety alerts to help them maintain a good standard of safety in the practice in relation to medicines and equipment.

## **Lessons learned and improvements**

The practice did not have an incident policy or recording forms to help them manage serious incidents. Some staff were not clear on the types of incidents that should be documented and shared.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The dentists assessed the needs of patients in line with current standards and guidance.

### 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 dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

The principal dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and could provide health promotion leaflets to help patients maintain good oral health.

The principal dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice and taking plaque and gum bleeding scores and detailed charts of the patients' gum conditions. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### Consent to care and treatment

The practice team understood the importance of obtaining patients' consent to treatment. The dentists told us that they gave patients information about treatment options and the risks and benefits of these so that they could make informed decisions. Patients confirmed that their dentist listened to them and gave them clear information about their treatment.

The practice had policies with information about mental capacity and Gillick competence (the legal precedent by which a child under the age of 16 years can consent to treatment for themselves). The team understood their responsibilities under the mental Capacity Act when treating adults who may not be able to make informed decisions. The team was also aware of considerations needed when treating young people aged under 16 years.

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

### Monitoring care and treatment

We checked a sample of dental care records and found the dental clinicians had recorded key information about patient care, though they could make some improvements to ensure information such as, for example, the justification for taking radiographs, oral health risk assessments, consent obtained, and recall details were consistently recorded in all records.

### Effective staffing

The practice had induction forms available but they did not show us evidence of any inductions that had been completed for any recently recruited staff. The principal dentist told us they carried out the inductions but did not routinely record them.

The General Dental Council requires clinical staff to complete continuing professional development. We saw evidence staff had completed training that was recommended by the GDC, such as radiography, safeguarding, basic life support (BLS) and infection prevention and control (IPC). BLS and IPC training completed in 2013 required updating for a dental nurse, and there was no evidence of radiography training for another dental nurse; the practice confirmed they had arranged for these training modules to be completed in October 2018.

Some staff had completed other training including oral cancer, consent, information governance, equality and diversity, legal and ethical issues, and complaints handling.

There was evidence the practice had recently carried out an appraisal for staff, including an assessment of their personal development needs. The practice could strengthen arrangements to ensure these appraisals were carried and documented out on a regular basis.

### Co-ordinating care and treatment

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

The principal dentist described their process to identify and manage instances requiring the referral of patients for specialist care if they presented with bacterial infections.

# Are services effective?

(for example, treatment is effective)

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence in 2005 to help make sure patients were seen quickly by a specialist.



# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff were friendly and courteous towards patients over the telephone and in person. They were aware of their responsibility to respect people's diversity and human rights.

We received feedback from 61 patients; they all commented positively that the care they had received at the practice was of a high standard. They told us the practice offered an excellent service, and that the practice staff were respectful, caring, efficient, professional and friendly. They told us staff listened to them and treated them with kindness and compassion, respect and dignity.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality when dealing with patients over the telephone and in person. They told us that if a patient asked for more privacy they would take them into another room.

The computer screen at the reception desk was not visible to patients, and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage.

### **Involving people in decisions about care and treatment**

The practice told us they would rely on patients' family or friends to interpret information for them, but that they could arrange interpretation services to patients who might require them.

The practice gave patients information to help them make informed choices. Patients told us that staff listened to them and discussed options for treatment with them. The principal dentist described how they ensured understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists used an interactive dental application, videos, radiograph images, photographs taken with a camera, and models to explain treatment needs, options and outcomes to patients.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Staff were clear on the importance of emotional support needed by patients when delivering care.

The practice had made adjustments for patients who required additional support. These adjustments included a magnifying glass, wheelchair access, and an accessible toilet with hand rails and an emergency call system. Shortly after the inspection they carried out an access audit to help them identify how they could further improve access to the service for patients, including those with hearing difficulties.

### Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. Patients described high levels of satisfaction with the responsive service provided by the practice. In particular, they commented that the practice had been able to accommodate them quickly when they needed routine and emergency treatment.

The practice displayed its opening hours in the premises, on their website and on an online search engine.

Staff told us that patients who requested an urgent appointment were usually seen within 24 hours.

The practice's answerphone message provided contact details for patients needing emergency dental treatment when the practice was not open.

### Listening and learning from concerns and complaints

The practice had complaints policies providing guidance to staff on how to handle complaints, and to patients on how to make a complaint.

The principal dentist was responsible for dealing with complaints. Staff told us they would address any formal or informal comments or concerns straight away so that patients would receive a quick response. They told us they had not received any complaints in the last 12 months.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The principal dentist had overall responsibility for clinical leadership of the practice, and the practice manager was responsible for overall management.

### **Vision and strategy**

The practice had a vision to provide high standard personalised services in line with professional and ethical standards, to meet patient expectations, and to treat people with integrity. They also had objectives to treat patients in comfortable surroundings, to encourage innovation, and to respond to the needs of staff.

The practice had procedures to help them manage behaviour and performance that was not consistent with their vision and strategy.

### **Culture**

Staff described a friendly, team-oriented, supportive and professional working culture. They told us they had set up a social networking facility to enable them to communicate outside of working hours if needed.

Staff we spoke with told us they felt they could raise concerns with the principal dentist, and they were confident any concerns they had would be listened to and addressed.

The principal dentist told us they had regular meetings and showed us meeting minutes to demonstrate this. The dentist also told us they had regular informal discussions with staff on a variety of topics related their wellbeing and the running of the practice.

Staff were aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour.

### **Governance and management**

Staff knew the management arrangements and their roles.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. They had recently reviewed the policies. They could ensure they had a policy available regarding the use of Closed Circuit Television (CCTV) monitoring on the premises; they told us the CCTV cameras were not active at the time of the inspection but could be reactivated in future.

The provider had not established effective systems to assess, review and mitigate risks in relation to the undertaking of the regulated activities. In particular, this related to the lack of effective systems for monitoring emergency medicines and equipment, addressing identified fire safety and Legionella risks, the lack of effective recruitment procedures, and the lack of systems to ensure training needs were appropriately monitored.

### **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**

The practice used verbal comments to obtain feedback from patients and staff about the service.

### **Continuous improvement and innovation**

There was a lack of effective systems to enable the practice to monitor and improve the quality of the services being provided. For example, they had not carried out annual audits of radiographs or six-monthly infection prevention and control audits. Shortly after the inspection they completed an infection prevention and control audit.

The principal dentist and practice staff were proactive at addressing several concerns immediately after the inspection.

## 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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><b>How the regulation was not being met</b></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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular this related to:</p> <ul style="list-style-type: none"><li>• The lack of effective systems for recruiting staff.</li><li>• The lack of effective systems for ensuring staff completed and updated key training.</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 this related to:</p> <ul style="list-style-type: none"><li>• A lack of regular audits for radiography and infection prevention and control.</li></ul> <p><b>Regulation 17 (1)</b></p>