

Mr. Sukhdev Ubhi

Whitnash Dental Care

Inspection report

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Overall summary

We undertook a follow up focused inspection of Whitnash Dental Care on 3 January 2024. This inspection was carried out to review 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 CQC inspector who was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Whitnash Dental Care on 19 September 2023 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 safe or well-led care and was in breach of regulations 12 and 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 Whitnash Dental Care on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

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

Our findings were:

Are services safe?

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

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 19 September 2023.

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 at our inspection on 19 September 2023.

Background

Whitnash Dental Care is in Leamington Spa, Warwickshire and provides NHS and private dental care and treatment for adults and children.

A portable ramp is used to access the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 2 dental nurses and 2 receptionists. The practice has 1 treatment room.

During the inspection we spoke with 1 dentist (the provider), 1 dental nurse and 1 receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday from 9am to 6pm, Tuesday to Thursday from 8.30am to 6pm and Friday from 8.30am to 1pm. The practice is closed each day for lunch from 1pm to 2pm.

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

- Improve the practice's systems for environmental cleaning taking into account current national specifications for cleanliness in the NHS and taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- 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 2002, to ensure risk assessments are undertaken and the products are stored securely.

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 well-led?

No action



Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 3 January 2024, we found the practice had made the following improvements to comply with the regulations:

- Systems for environmental cleaning had been implemented although some improvements were required. Cleaning logs recording the daily cleaning had been introduced. There were no cleaning schedules recording the daily, weekly, monthly or any deep cleaning requirements. Cleaning of clinical room flooring was not completed at the frequency suggested in national guidance.
- An inspection of electrical fixed wiring had been completed and an electrical installation condition report was available. Evidence of actions taken to address issues identified was available.
- Items of missing medical emergency kit had been purchased and were now available.
- Sepsis oversight and management was established. Sepsis awareness posters were on display and staff had completed sepsis training.
- Systems for receiving and responding to patient safety alerts, recalls and rapid response reports had been implemented. The provider assured us that they shared relevant information with staff at the practice.
- Systems in place to track and monitor the use of NHS prescription pads had been implemented.

The practice had also made further improvements:

- The provider had taken action to ensure that they had recorded in patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.
- The provider had taken action to ensure that they adopted an individual risk-based approach to patient recalls taking into account the National Institute for Health and Care Excellence guidelines. The provider had completed training courses regarding record keeping and records seen were in compliance with the guidance provided by the College of General Dentistry and took into account the guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when promoting the maintenance of good oral health.

Are services well-led?

Our findings

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

At the inspection on 3 January 2024, we found the practice had made the following improvements to comply with the regulations:

- A radiography audit had been completed and we were assured that where necessary, documented learning points and the resulting improvements would be recorded.
- The dental care records audit had been amended and now included information to ensure that necessary information was recorded in patient records. This had been reported on and required actions had been completed.
- Systems were in place to help ensure that infection prevention and control audits were completed at the required frequency. Audits were now scheduled to be completed every 6 months.
- Systems for checking medical emergency equipment demonstrated that equipment was now checked at the required frequency. Staff had completed training in the management of medical emergencies and the provider had introduced a system to monitor training to ensure staff completed this at the required frequency.
- Some risk assessments for products that are hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, had been completed. However, we could not be assured that risk assessments were available for each hazardous substance at the practice. Information regarding risk assessments and safety data sheets were not readily available to staff to review.
- The provider had taken the required action to implement recommendations in the Legionella risk assessment.
- A fire risk assessment had been completed and issues identified had been addressed. Fire safety management systems had recently been implemented and staff had completed in-house fire safety training. The provider had completed fire marshal training.
- The practice's general risk assessment had been updated to contain up to date information, however, further updates were required to ensure information was specific to the practice.
- The practice's recruitment procedure had been amended to ensure that appropriate checks would be completed prior to new staff commencing employment at the practice. We were assured that the required pre-employment checks would be completed for any new staff employed.
- The provider had recently implemented systems to monitor the completion of continuous professional development as recommended by the General Dental Council professional standards. Staff had registered with an online training provider, and we were assured that the required update training would be completed when required.

The practice had also made further improvements:

- Improvements had been made to the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, these took into account relevant guidance, and staff were following them.