White House Dental Practice Limited

The White House Dental Practice

Inspection report

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Date of inspection visit: 20/04/2023
Date of publication: 01/06/2023

Overall summary

We carried out this unannounced comprehensive inspection on 20 April 2023 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 second CQC inspector and a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.

Summary of findings

- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Complaints were dealt with positively and efficiently.
- Patients were asked for feedback about the services provided
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements were required to ensure all staff completed safeguarding training at a level appropriate to their role.
- Appropriate medicines and life-saving equipment were available, and staff we spoke with knew how to deal with medical emergencies. Improvements were however required to ensure all staff received Basic Life Support training.
- The practice did not have effective systems to help them manage risks to patients and staff.
- There were ineffective systems to support continuous improvement.
- There were ineffective systems to ensure that staff were up to date with their training.
- The practice did not have staff recruitment procedures which reflected current legislation.
- Improvements were needed to the Information Governance policy to take account of the General Data Protection Regulation (GDPR) 2018 requirements.
- Staff generally worked as a team. Improvements were needed to ensure that they were supported and involved in the delivery of care and treatment.
- There was ineffective leadership and a lack of oversight for the day-to-day management of the service.

Background

The White House Dental Practice is in Southall, within the London Borough of Ealing and provides NHS dental care and treatment for adults and children.

There is step free access to 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 2 principal dentists, 10 associate dentists, 2 foundation training dentists, 2 dental therapists, 10 dental nurses, 1 compliance administrator, 4 receptionists and 2 account and practice managers. The practice has 8 treatment rooms.

During the inspection we spoke with one of the principal dentists, a foundation training dentist, a dental nurse, 2 trainee dental nurses, 2 receptionists and the compliance administrator. We also spoke with a compliance consultant. Following the inspection, we spoke with the other principal dentist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9am to 6pm

Saturday from 9am to 5pm

Sunday open for NHS 111 dental emergency service

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

Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person employed.

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:

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Implement systems for environmental cleaning taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

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?	**Enforcement action**
Are services effective?	**No action**
Are services caring?	**No action**
Are services responsive to people's needs?	**No action**
Are services well-led?	**Enforcement action**

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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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. We were not assured that all staff had undertaken appropriate training in safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected 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. Water temperature testing was being undertaken at regular intervals.

The practice had policies and procedures in place to ensure clinical waste was segregated. We observed that three external clinical waste bins were unlocked and unsecured at the time of inspection. The provider took action to rectify this following our inspection feedback.

The practice appeared clean. However, we observed that cleaning equipment was inappropriate for healthcare environments. There were only two colour-coded mops and buckets available at the practice which were stored in such a way that the mops could not be dried, and this was resulting in an unpleasant odour. Domestic cleaning checklists had not been completed since December 2022.

Recruitment checks had not been carried out, in accordance with relevant legislation to help the practice employ suitable staff. We looked at 12 staff records. There was no evidence of Disclosure and Barring Service (DBS) checks or proof of identity including a recent photograph for 4 members of staff. In addition, the provider had not obtained satisfactory evidence of conduct in previous employment or a full employment history for 7 staff members. We saw limited evidence that proof of staff's qualifications and adequate indemnity was obtained at the time of recruitment. In addition, there was no evidence of adequate immunity to the blood-borne virus Hepatitis B for all staff members with clinical duties. 15 out of 17 clinicians' Hepatitis B records were shared with us, one of which did not demonstrate immunity, just vaccination status. Records for 12 dental nurses were shared with us; 5 of which did not contain immunity status, just evidence of vaccinations. We were informed 4 cleaners worked at the practice but there were no details held for these employees. The recruitment policy was not reflective of arrangements within the practice as it referred to the previous owner and registered manager of the service. We were shown an employment checklist, detailing the practice recruitment and training requirements for each member of staff. This checklist had not been followed.

There was limited evidence to demonstrate that the provider undertook all appropriate recruitment checks to ensure that all clinical staff were registered with the General Dental Council.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

Are services safe?

A fire safety risk assessment was carried out in line with the legal requirements. We observed records that fire drills took place regularly and the fire detection systems were checked in line with fire safety regulations. Fire extinguishers were serviced by a competent person. Improvements were required to ensure recommendations were implemented. For example, the risk assessment deemed the fire safety training to be inadequate; this had been highlighted in previous fire risk assessments as well.

The practice had some arrangements to ensure the safety of the X-ray equipment, and the required radiation protection information was available. Improvements were required to ensure rectangular collimators were fitted to all intra-oral X-ray units, as per the recommendations made in the 3-yearly routine performance test reports carried out on 10 May 2022. The provider told us they were currently not available due to demand and would be notified when they became available.

Risks to patients

The practice's systems to assess, monitor and manage risks to patient and staff safety required improvements. Safer sharps were not in use and although we saw a document that detailed the reasons for not using them, the Health and Safety Risk assessment stated that safety plus needles were used as and where possible. The risk assessment also stated that all staff are immunised against Hepatitis B and vaccine response checked and are tested for Human Immunodeficiency virus (HIV) and Hepatitis B and C prior to employment. We did not see evidence of this for each member of staff.

Emergency equipment and medicines were available and checked in accordance with national guidance. The practice had considered the risks associated with medical emergencies and a second oxygen cylinder and a set of masks were located on the second floor.

Most staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. We were not assured that all staff had completed training, as staff training records were not made available to us. Based on the evidence sent later, 14 out of 35 staff members had not completed their annual training due in September 2022. We were informed that they have now undertaken the training in May 2023.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. However, we observed that some hazardous products were stored within the patient toilets, and these were accessible to patients, including children. The provider addressed this immediately.

Information to deliver safe care and treatment

Patient care records were complete and legible. Improvements were required to ensure that users log out of the patient record system before leaving computer terminals unattended.

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. The practice provided us with an antimicrobial audit undertaken in January 2023. However, the audit had failed to identify that the longer courses of antibiotics prescribed were not in line with College of General Dentistry (CGDent) guidance. Additionally, it was unclear if it had included an audit of prescribing habits of all dentists working at the practice.

Track record on safety, and lessons learned and improvements

The practice had a system for receiving and acting on safety alerts. The practice had not implemented systems for reviewing and investigating accidents and incidents. An action plan was created following our inspection to address this.

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.

Staff were aware of and involved with national oral health campaigns such as Starting Well and local schemes involving school visits which supported patients to live healthier lives. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They 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 patient care records in line with recognised guidance.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice had carried out a radiography audit in December 2022. This audit contained results and analysis. However, the timeframe for review was one year despite only 88% of the radiographs reaching an acceptable standard. Guidance states that not less than 95% of digital images should be acceptable, and analysis should be undertaken at least every 6 months. We were shown the previous audit dated 2021 - the sample size was very small and contained no analysis.

Effective staffing

Evidence was not available to demonstrate staff had the skills, knowledge and experience to carry out their roles. In particular, of 12 staff records checked, 6 contained no evidence of Basic Life Support training, 5 had no evidence of safeguarding and infection prevention and control training and 7 had no evidence of fire safety training. In addition, there was no evidence that any staff had completed training in autism and learning disability awareness.

We saw evidence that inductions were carried out for newly appointed staff.

The practice did not have systems in place to ensure clinical staff had completed continuing professional development (CPD) as required for their registration with the General Dental Council. In particular, there were no training logs available for any staff.

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 caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

On the day of inspection, we spoke with 2 patients. Both patients we spoke with told us that dentists were kind and helpful and were good with children.

Privacy and dignity

Staff were unaware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television, (CCTV) including within private treatment rooms to improve security for patients and staff. We were told audio recording took place in the public areas. The practice did not have the relevant protocols and procedures in place to ensure the appropriate use of CCTV.

A privacy impact assessment had not been undertaken. The privacy notice on the website was obsolete as it stated that the data controller and data Protection Officer were the previous owners and were no longer involved with the practice. We were told that the current owners had no control over the content of the website as the domain belonged to the previous owner. Following the inspection, we were sent a scanned privacy notice. We identified discrepancies as the document appeared to have been signed by hand on 3 January 2023. However, the digital footer, dated 24 April 2023 indicated that the document had been accessed and modified. There was no evidence that the Information Commissioner's Office (ICO) had been consulted regarding the use of CCTV within private areas and the audio recording in the public areas. Furthermore, there was no evidence that consent had been obtained from patients with regards to the use of these. The practice has informed us that they are seeking professional advice to guide them on the correct use of CCTV and associated safeguards that need to be in place.

Staff password protected patients' electronic care records and backed these up to secure storage. However, we noted that some computer terminals with the care records were left unlocked when not in use. The practice stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The dentists explained the methods they used to help patients understand their treatment options. These included for example study models and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including a hearing induction loop for those who use hearing aids and an enabled toilet for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website and patient information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The practice accepted NHS 111 referrals 7-days a week, providing emergency treatment to patients who may not have access to routine dentistry.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. We observed that the practice had installed extra telephone lines and computer terminals which were staffed in a similar manner to a call-centre. Extra staff operated these lines which allowed the receptionists to attend to patients within the practice. We were told by a receptionist that sometimes 900 telephone calls were received in one day. The call-centre had been created in response to feedback from patients who said they had difficulty contacting the practice.

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/ 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.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered.

Leadership capacity and capability

There was a lack of leadership and oversight at the practice. The practice had changed ownership in December 2022. We were told that due to staffing problems the management of the practice had suffered. The registered manager had left the practice and a replacement had not yet been recruited at the time of inspection. Staff told us they would approach the head nurse or a receptionist if they had concerns.

The inspection highlighted issues and omissions, especially in relation to staffing, recruitment procedures and governance.

The information and evidence presented during the inspection process was not presented in an organised manner, partly attributed to the nature of the unannounced approach of the inspection. However, the principal dentist who was present on the day of inspection admitted that they did not have a good understanding of the systems; they asked a visiting compliance consultant to assist us with our queries.

We saw the practice had some processes to support and develop staff with additional roles and responsibilities. For example, there were 2 Foundation Training dentists at the practice which benefitted from their mentoring. However, we checked 12 staff records and found only one appraisal having been undertaken.

Culture

Staff we spoke with stated they enjoyed working at the practice; however, we were also told by the compliance consultant that staff were rebellious and ignored instructions.

We found limited evidence that the practice had arrangements for staff to discuss their training needs during annual appraisals or meetings. We were told that a meeting had taken place the day before the inspection, and another was scheduled to discuss training needs. There was no record of the meeting that had taken place and there was no evidence that staff meetings had occurred since September 2022.

Governance and management

The practice had an ineffective management structure. There was no manager to oversee or delegate tasks. We did however see evidence that some members of staff were very helpful to the inspection team and diligent in their roles.

There was limited evidence the practice's policies, protocols and procedures were reviewed on a regular basis. On the day of inspection, we looked at policies that had not been updated fully since 2018. Following the inspection, we were sent some scanned policies that appeared to have been modified, printed, reviewed and hand-signed on 3 January 2023. However, we noted that the digital footers on some of these documents stated that the policies had been modified on 24 April 2023, 4 days following our inspection. For this reason we could not be assured that the policies had been reviewed on 3 January 2023.

The practice did not have clear and effective processes for managing risks, issues and performance. For example, the fire risk assessment was not effectively reviewed and the health and safety risk assessment was not reflective of arrangements within the practice.

Are services well-led?

Appropriate and accurate information

Staff acted on appropriate and accurate information. There was a social media messaging group for staff to discuss updates.

The practice however had ineffective information governance arrangements.

Engagement with patients, the public, staff and external partners

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

Feedback from staff was obtained through informal discussions.

Continuous improvement and innovation

The practice had some systems and processes for learning, quality assurance, continuous improvement. These included audits of disability access and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. The practice had not undertaken audits of radiography in accordance with current guidance and legislation. We received a single audit of dental care records for one clinician following the inspection. There was no evidence that other dental care record audits for other clinicians were carried out.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17 Good governance** 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. How the Regulation was not being met 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: • Risks related to fire, and the use of sharps within the practice, had not been suitably identified and mitigated. • The use of closed-circuit television (CCTV) had not been adequately assessed and was not in accordance with UK General Data Protection Regulation. 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: • Audits of radiographs were not carried out in accordance with current guidance and legislation. • The practice policies and procedures were not reviewed or monitored effectively. • There was no system in place for reviewing incidents and significant events.

This section is primarily information for the provider

Requirement notices

Regulation 17 (1)

This section is primarily information for the provider

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 19 Fit and proper persons employed** The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: • Disclosure and Barring Service (DBS) checks had not been carried out for 4 members of staff. • A full employment history, together with a satisfactory written explanation of any gaps in employment was not available for 7 staff members. • Satisfactory evidence of conduct in previous employment was not available for 7 staff members. • Proof of identity including a recent photograph was not available, as part of the recruitment process, from 4 staff members. • There was limited evidence to demonstrate that staff qualifications and indemnity were checked. General Dental Council registration evidence was missing within 4 relevant staff records and indemnity checks were missing within 5 records. • There were no records with regard to 4 cleaners employed at the location. • There was no evidence that 4 members of clinical staff had received any immunisations to protect them from Hepatitis B. One member of staff had received the vaccine but there was no evidence that immunity levels had been checked. Results of blood tests for 2 clinical members of staff showed that they had limited immunity against Hepatitis B and their duties had not been risk-assessed to reflect this. • The recruitment policy was not updated or followed.

This section is primarily information for the provider

Enforcement actions

Regulation 19 (1), (2) & (3)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 18 Staffing** The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: • We found that persons employed in the provision of the regulated activities were not receiving appropriate support, training, professional development and supervision as is necessary to enable them to carry out the duties that they are employed to perform. • There were ineffective arrangements for induction of new staff. • Not all staff had completed training as per recommended national guidance for safeguarding, infection control, fire safety awareness, and basic life support. • Staff had not completed autism and learning disability awareness training. • There was no system in place to monitor or log staff training. Training records, Personal Development Plans (PDP) and Continuing Professional Development (CPD) logs as per the practice employment checklist were not being maintained. Regulation 18 (2)