

Dr Harminder Dhaliwal

# The White House Dental Clinic

## Inspection report

18 Terrace Road  
Walton On Thames  
KT12 2SB  
Tel: 01932260044  
[www.whitehousedental-clinic.co.uk](http://www.whitehousedental-clinic.co.uk)

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### Overall summary

We carried out this announced focused inspection on 27 June 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.

# Summary of findings

- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.
- The practice had systems to help them manage risk to patients and staff. However, improvements could be made to protocols relating to the storage and handling of substances hazardous to health, fire safety and servicing and maintenance of equipment.
- The practice had staff recruitment procedures which reflected current legislation; however, improvements could be made to ensure all important checks are carried out at the time of recruitment.

## Background

The White House Dental Clinic is in Walton-on-Thames and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including parking for disabled people, are available at the practice. The practice has made reasonable adjustments to support patients with additional needs, including the availability of a hearing induction loop and interpreter services.

The dental team includes three dentists, one dental nurse, two trainee dental nurses, two dental hygienists and three receptionists. The practice has two treatment rooms.

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

The practice is open:

Monday to Friday from 8.00am to 8.00pm

Saturday from 9.00am to 4.30pm

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

- 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.
- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular relating to the suction motor.
- Take action to ensure ongoing fire safety management is effective.
- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

# Summary of findings

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

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

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

### **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 discussed with staff that monitoring protocols could be implemented for children who were not brought to appointments.

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 to help them employ suitable staff. This reflected the relevant legislation. We looked at five staff recruitment records. Enhanced Disclosure and Barring Services (DBS) checks had not been undertaken at the time of recruitment for three members of staff. The provider assured us that DBS checks had been undertaken for the three members of staff immediately before the inspection. The DBS check for one other member of staff had been carried out two years prior to recruitment and there was no evidence the risks around this had been considered.

We looked at four clinical staff's files. Records were only available to demonstrate that two of the four had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We also noted that, for one staff member, the effectiveness of the vaccination had not been checked nor a suitable risk assessment undertaken.

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

The practice ensured most equipment was safe to use and maintained and serviced according to manufacturers' instructions, with the exception of the suction motor.

A fire risk assessment was carried out and the practice had some fire safety management protocols in place. The provider told us that a new fire risk assessment would be undertaken as part of the building work scheduled to be carried out shortly after the inspection. We noted there were no records available to demonstrate the emergency lighting had been serviced and maintained according to manufacturer's instructions.

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 systems to assess, monitor and manage risks to patient and staff safety. Improvements could be made to the sharps safety risk assessment to consider the risks from all forms of dental sharps.

Emergency equipment and medicines were available and checked in accordance with national guidance. However, we noted the medicine used to treat low blood sugar was stored in a locked fridge, and the risks around this had not been

# Are services safe?

considered. We brought this to the attention of the provider who assured us they would no longer lock the fridge. We also noted the fridge temperature was being monitored weekly to ensure that medicines and dental care products were being stored in line with the manufacturer's guidance and recommended the provider consider carrying this out more frequently.

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

On the day of the inspection, the provider had information available in relation to the Control of Substances Hazardous to Health (COSHH). Improvements could be made to ensure risk assessments were in place for individual materials.

## **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 the prescription monitoring protocols to ensure all prescriptions could be accounted for. Antimicrobial prescribing audits were carried out.

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

The practice had implemented systems for reviewing and investigating incidents and accidents; however, on the day we noted eight forms had been removed from the accident book and only two were available for review. The provider was unsure where the other forms were.

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 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 and clinical staff completed continuing professional development required for their registration with the General Dental Council.

### **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 providing well-led care in accordance with the relevant regulations.

### **Leadership capacity and capability**

The provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

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**

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt supported and valued. They enjoyed working in the practice. Records were available to demonstrate staff discussed their training needs during annual appraisals.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

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

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Some improvements could be made to the processes to ensure they were effective; for example, in relation to recruitment checks. However, overall, we saw there were clear and effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

Staff acted on 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 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.