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# The Whitestar Dental Practice

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of The Whitestar Dental Practice on 9 June 2021 which included a review of evidence submitted to us by the provider before the site visit. 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 CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of The Whitestar Dental Practice on 27 February 2020 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 and Well led care and was in breach of Regulations 12,17,18,19 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 The Whitestar Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it safe?
- 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

### 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 27 February 2020.

## **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 27 February 2020.

## **Background**

The Whitestar Dental Practice is in the London Borough of Harrow and provides NHS and private dental care and treatment for adults and children.

The dental team includes the principal dentist and one receptionist. At the time of our inspection the practice did not have a dental nurse and was using temporary agency nurses and a temporary agency dental hygienist. An administrative manager visits the practice every two weeks to help with administrative tasks. 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 and the receptionist. No patients were booked in for treatment, hence no other staff were available on the day for us to speak with. We looked at the practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Tuesday 9.00am – 5.30pm

Wednesday and Thursday 10.00am – 3.00pm

Friday 10.00am – 1.00pm

## **Our key findings were:**

The practice had Infection prevention and control procedures and audits were carried out in line with guidance.

The provider had implemented monitoring of medicines and equipment and staff had completed training in basic life support.

Fire risk assessment and the fire alarm inspection had been carried out and all recommendations had been actioned.

Radiograph protection file had been updated, x-ray machines were serviced, and an x-ray audit undertaken.

# Summary of findings

The provider had implemented effective systems to monitor staff learning needs and to ensure that they understood and followed relevant guidance, policies and procedures.

The provider told us that they did not have a permanent dental nurse and assured us that treatment was not carried out without chairside support in accordance with the General Dental Council Standards for the Dental Team.

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

Take action to ensure the practice's staffing levels are adequate and permanent.

# 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 our previous inspection on 27 February 2020 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 9 June 2021 we found the practice had made the following improvements to comply with the Regulations 12 and 19.

The infection prevention control audits were carried out bi-annually in accordance with the guidance of Health Technical Memorandum 01-05 (HTM 01-05). Improvements were made to ensure infection prevention and control procedures were adhered to in relation to cleaning and storage of dental instruments so that they remained sterile. We saw labelled boxes, which were used to transport dirty dental instruments from the surgery placed in the designated clean area in the decontamination room. There was an appropriate bin to store clinical waste in the decontamination room.

The provider had carried out a sharps risk assessment on 15 April 2020 and considered the disposal of single-use device items such as matrix bands and endodontic files under the Medical Devices Regulations and National Institute for Health and Care Excellence (NICE) guidelines. The sharps bins were labelled and not filled above the fill line.

Emergency equipment and medicines were available and stored according to the manufacturer's instructions and guidelines issued by the Resuscitation Council (UK) and the General Dental Council. The provider had a checklist in place to ensure all medicines and emergency equipment were within the manufacturer's use by date.

Risk assessments and information relating to Control of Substances Hazardous to Health Regulations 2002 (COSHH) was available to staff to mitigate any associated risks.

We checked the staff records for both the temporary dental hygienist and temporary dental nurse who worked at the practice. Both staff had received vaccination against Hepatitis B virus and checks for immunity against the virus had been undertaken.

Patient safety alerts and recalls issued recently from the Medicines and Healthcare products Regulatory Agency (MHRA) were accessed and checked that may be in use at the practice: For instance, alerts received in respect of Filtering Face Pieces (FFP 3) masks, Midazolam and Erythromycin, which were cascaded to staff.

There were effective systems to ensure that the required pre-recruitment checks were undertaken for staff in relation to identity, Disclosure and Barring Services (DBS) and where applicable, registration with the General Dental Council.

The provider had also made further improvements:

A Disability and Discrimination audit was carried out on 18 March 2021 in accordance with the requirements of the Equality Act 2010 and all actions had been carried out.

An antimicrobial audit was carried out on the 15 May 2021 in line with the National Institute for Health and Care Excellence (NICE) guidelines.

These improvements showed the provider had taken action to comply with the Regulations 12 and 19 when we inspected on 9 June 2021.

# Are services well-led?

## Our findings

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

At our previous inspection on 27 February 2020 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. At the inspection on 9 June 2021 we found the practice had made the following improvements to comply with the Regulations 17 and 18.

A fire risk assessment was carried out on 15 October 2020 by an external company and all recommendations had been actioned. We saw there were fire extinguishers, fire smoke alarms, emergency lighting and fire exits were kept clear.

Five-year fixed wire electrical testing had been carried out by an external company on 30 September 2020 and all recommendations had been actioned. Portable Appliance testing (PAT) had been undertaken on the 30 July 2020, to check that the appliances are safe to use.

The gas boiler had been serviced by an external company on 29 September 2020.

A Legionella risk assessment had been carried out on 29 April 2020 and all appropriate actions had been completed. The provider ensured regular monitoring and correct water temperatures were recorded from the sentinel taps to mitigate the risk of Legionella infection. A new mega flow combination boiler had been installed in March 2020.

The three yearly radiological tests and the annual mechanical and electrical tests had been carried out for the dental X-ray units on 03 March 2020 in accordance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017.

An X-ray audit was carried out on 15 March 2021 to show the justification, grading and reporting on the radiographs taking into account the guidance from the Faculty of General Dental Practice (FGDP).

We saw certificates in respect of dental radiography that the dentist was carrying out as part of their continuing professional development.

The provider had taken reasonable steps to employ dental nurses at the practice by advertising on a recruitment site and interviewing for a permanent dental nurse.

However, the provider told us, as a result of COVID-19, the number of patients visiting the practice had reduced and they were not able to recruit a permanent staff. They told us that they were treating patients only two days a week and hence could not offer the nurse the full-time hours.

Soon after the inspection, the provider informed us that they had recruited a permanent part-time dental nurse and a hygienist.

The provider assured us that they did not work without a dental nurse. They told us that as they did not have a permanent dental nurse at the practice and that they relied upon dental nurses from a temporary agency for chairside support when they treated patients. We saw correspondence between the provider and the temporary agency. This was also verified on the patients' records on the computer with the name of the nurse present during the treatment.

The provider had systems and processes to ensure good governance and management carried out by an administrative manager. Training and continuing professional development was undertaken by the provider and staff in line with the General Dental Council professional standards. A training matrix was in place to identify when updates were required.

Staff were aware of the policies and procedures which were read and reviewed. Meetings, one to ones and scenario learning took place for shared learning.

# Are services well-led?

Basic life support training was undertaken by staff on 21 October 2020 to manage medical emergencies.

The practice had a safeguarding policy and procedures and staff had undertaken training in safeguarding children and vulnerable adults at an appropriate level.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the Regulations 17 and 18 when we inspected on 9 June 2021.