

Patel, Patel, & De Souza

# Lillywhite Dental Practice

## Inspection Report

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Morden  
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### Overall summary

We carried out this announced inspection on 17 May 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 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 not providing well-led care in accordance with the relevant regulations.

##### **Background**

Lillywhite Dental Practice is in Morden and provides NHS and private treatment to patients of all ages.

The practice is on the second floor of a medical centre. There is level access via a lift for people who use wheelchairs and those with pushchairs. There is non-restricted parking in surrounding roads.

The dental team includes three dentists, a dental hygienist, a dental nurse (who performs a dual role as receptionist), a trainee dental nurse and two receptionists. The practice has two treatment rooms and a separate decontamination room.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Lillywhite Dental Practice was one of the principal dentists.

On the day of inspection we collected feedback from 27 patients through comment cards and speaking with people.

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

The practice is open: Monday to Friday from 9.00am to 6.00pm

## **Our key findings were:**

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment as per national guidance was not available.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Evidence of training though was not made available to us.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice did not have effective systems and processes to ensure good governance

We identified regulations the provider was not meeting. They must:

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

## **Full details of the regulation/s the provider was/is not meeting are at the end of this report.**

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

- Review the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained.

# 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 systems for learning from incidents and complaints required improvements.

We saw evidence that most staff had received training in safeguarding and staff we spoke with knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks, although some documentation was not held at the location.

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

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

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as helpful, thorough and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

No action



### Are services caring?

We received feedback about the practice from 27 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, sympathetic and happy.

They said that they were given thorough, detailed and clear explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



# Summary of findings

## 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 in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

The practice responded to patients concerns constructively. The complaints policy required updating.

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 this action in the Requirement Notices at the end of this report)

Staff felt supported and appreciated. The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

The practice did not have arrangements to ensure the smooth running of the service.

Systems for the practice team to discuss the quality and safety of the care and treatment provided were not well organised. Systems for monitoring various aspects of the service such as staff training, risk assessments and staff recruitment were not in place. A sharps risk assessment had been undertaken however it was not comprehensive. Recruitment records were not comprehensive and well-maintained. Records of fire safety, and Legionella were not available, and portable appliance testing hadn't been undertaken. The complaints log was not clear and there was no analysis of outcomes, lessons learnt or discussions with the wider team.

Requirements notice



# Are services safe?

## Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that some staff had received safeguarding training. Certificates were missing for some non-clinical staff; however one of the principal dentists assured us that they had completed training and it was only the fact that the certificates were missing. Staff we spoke with knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients in their records e.g. people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us that they felt confident they could raise concerns without fear of reprimand.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway; this was suitably documented in the dental care record and a risk assessment completed.

The practice had a staff recruitment policy and procedure to help them employ suitable staff; they also had the appropriate checks in place for agency and locum staff.

These did not fully reflect the relevant legislation. For example, interview notes were not held in staff records and the policy did not refer to Disclosure and Barring checks, identification and training confirmation. We looked at four staff recruitment records. There were documents missing from some records.

The principal dentist explained that some information was held off site, although they could access some documents via the computer. We discussed this and they gave us assurances that they would streamline their paperwork to ensure all information was accessible from the location.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice was located within a medical centre. The landlord was responsible for testing and servicing equipment such as fire equipment and legionella. The provider did not have details of the checks but told us they could be obtained from the landlord. The provider told us that the landlord checks included regular checks to emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers.

The provider told us that Portable Appliance Testing (PAT) had been completed on equipment. We gave them an opportunity to supply documents to confirm this following the inspection, however the documentation they submitted did not confirm that PAT had been completed at the location.

The practice had suitable arrangements to ensure the safety of the radiography equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

We did not see evidence to confirm that all clinical staff had completed continuing professional development (CPD) in respect of dental radiography. The principal dentist assured us that staff had completed the training and advised they would send the certification following the inspection. We received some evidence following the inspection to confirm more staff had completed training.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

The practice had health and safety policies, procedures and risk assessments. The practice had current employer's liability insurance.

# Are services safe?

The practice were not routinely carrying out risk assessments. The provider did not have documentation confirming that risk assessments had been completed. We discussed this with the principal dentist and they advised that the landlord may have carried them out but they did not have paperwork to confirm this.

We looked at the practice's arrangements for safe dental care and treatment. The dentists were not following relevant safety regulation when using needles. We discussed this with the principal dentist and they confirmed that they would review the regulation and ensure they were in compliance. A sharps risk assessment had been undertaken however it was not comprehensive. For example, it did not explain how to prevent needle stick injuries in line with published guidance.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. Staff knew how to respond to a medical emergency and most had completed training in emergency resuscitation and basic life support (BLS) on an annual basis.

Emergency equipment and medicines were broadly available as described in recognised guidance. Midazolam was missing and some of the recommended items such as a spacer, portable suction and airways were not available. We discussed this with the provider and were advised they would ensure the mandatory item was purchased immediately. The provider contacted us shortly after the inspection to confirm that the buccal midazolam had been replaced. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They were generally following guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. The

principal dentist told us that all staff had completed infection prevention and control training however the paperwork was not available to confirm this. The provider sent us the missing certificates shortly after the inspection.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any 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 was in a medical centre. We were told that the landlord had overall responsibility for implementing and maintaining procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The provider did not have a copy of the risk assessment but advised us that one had been carried out by the landlord. The provider was maintaining records of water testing and dental unit water line management were in place.

The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

# Are services safe?

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance. The practice had a routine referral log. They followed up all urgent referrals via telephone and email.

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

The practice stored and kept records of NHS prescriptions as described in current guidance.

The dentist we spoke with was aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated that the dentists were following current guidelines.

## **Track record on safety**

There were not comprehensive risk assessments in relation to safety issues. For example, a needle stick injury had

occurred in December 2017. The injury was recorded and part of the analysis was that the injury occurred because the practice were not currently using safety syringes. Despite knowing this the practice did not update their risk assessment to ensure they minimised the risk of this type of incident occurring again (e.g. introduce safer sharps approach).

All incidents were investigated and documented, however there was no evidence that they discussed incidents with the rest of the dental practice team to prevent such occurrences happening again in the future.

## **Lessons learned and improvements**

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice had access to technology and equipment was available in the practice such as intra-oral cameras, videos and X-rays to enhance the delivery of care.

### Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us that they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The 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 provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording 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's consent policy referred to the Mental Capacity Act 2005. The dentist we spoke with understood

their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to the legal precedent Gillick competence by which a child under the age of 16 years of age can consent for themselves. The dentist were aware of the need to consider this when treating young people under 16 years of age.

### Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff new to the practice had a period of induction based on a structured induction programme. We were unable to confirm that some clinical staff had completed sufficient number of hours for the continuing professional development cycle required for their registration with the General Dental Council.

Staff told us that they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Co-ordinating care and treatment

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

The dentist confirmed that they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

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 NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.



# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were caring, sympathetic and happy. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were 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. They stored paper records securely.

### Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act and the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, videos, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. Reception staff had good knowledge of patients' needs and gave examples of how they responded to them. For example they were aware of patients who had hearing difficulties and told us the various ways they communicated with them. They also telephoned patients if they did not turn up for an appointment.

The practice had made reasonable adjustments for patients with disabilities. These included steps free access to the building, a lift to access each floor and accessible toilet with hand rails and a call bell.

A Disability Access audit had not been completed on the building which incorporated the area the practice was located.

Staff told us they telephoned some patients on the morning of their appointment to make sure they could get to the practice and called to make sure they got home if they felt it was necessary.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their practice information book and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were usually seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with the 111 out of hour's service.

The practice website, information book (located in reception) and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

### Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information was limited about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. For example, there was no reference to escalating to the General Dental Council or Health Ombudsman. The provider contacted us shortly after the inspection to confirm this had been updated.

The principal dentist was responsible for dealing with complaints. The complaints log was not clear and there was no analysis or outcomes, lessons learnt or shared with the wider team. The provider contacted us shortly after the inspection to confirm they had reviewed the way they record complaints to include analysis, outcomes and lessons learnt.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The principal dentist was visible. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff spoke positively about the support and encouragement they received from them.

In addition to being the clinical lead for the practice the principal dentist carried out some of the practice management duties. We discussed the feasibility of this and whether they had the capacity to perform the dual role. The principal dentist confirmed that they would revisit roles and responsibilities and staff individual capacities to carry out various duties.

### **Culture**

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

Managers acted on behaviour and performance inconsistent with the vision and values.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us that they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### **Governance and management**

There were clear responsibilities and roles assigned to leads, however systems to support good governance and management were not in place. Systems for monitoring certain aspects of the service such as staff training, risk assessments and staff recruitment were not in place. Documentation relating to these areas were not filed systematically and many documents were missing or not available to the provider. For example, certificates for

members of staff, evidence of fire risk assessments and servicing of fire equipment servicing. We discussed this with the principal dentist and they acknowledged that improvements were required.

### **Appropriate and accurate information**

The practice 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**

The practice involved patients and staff to support high-quality sustainable services.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings and informal discussions. Staff told us they were encouraged to offer suggestions for improvements to the service.

### **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The whole staff team, including dentists and dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

## 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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17</p> <p>Good governance</p> <p><b>How the regulation was not being met:</b></p> <p><b>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:</b></p> <p>They had no details relating to electrical, fire safety or legionella testing carried out. In addition they did not have systems in place to obtain this information.</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none"><li>• Systems were not in place for maintaining staff recruitment documents at the location</li><li>• Staff training details were not maintained and the provider had no records to evidence some training they told us some staff had completed.</li></ul> <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none"><li>• Policies and procedures were not in place for some key areas, such as business continuity.</li><li>• Some policies were out of date.</li></ul>

This section is primarily information for the provider

## Requirement notices

- There was no comprehensive or orderly system in place for maintaining policies and other key documents for running the service.

### **Regulation 17(1)**