

Super White Dental Clinic Ltd

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Inspection report

41 South Lambeth Road
London
SW8 1RH
Tel: 02036457885

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Overall summary

We undertook a follow up focused inspection of Super White Dental Clinic Ltd on 17 December 2021. 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 Super White Dental Clinic Ltd on 27 May 2021 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, effective or well led care and was in breach of regulations 12 – Safe care and treatment, 17 – Good governance, 18 – Staffing and 19 – Fit and proper persons employed 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 Super White Dental Clinic Ltd on our website www.cqc.org.uk.

As part of this inspection we asked: Remove as appropriate:

- Is it safe?
- Is it effective?
- 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?

Summary of findings

We found this practice was not providing safe care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 27 May 2021.

Are services effective?

We found this practice was not providing effective care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 27 May 2021.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 27 May 2021.

Background

Super White Dental Clinic Ltd is in the London Borough of Lambeth and provides private dental care and treatment for adults and children.

The dental team includes the principal dentist, one associate dentist, one dental nurse and one trainee dental nurse. The practice has two treatment rooms.

The practice is owned by an organisation and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Super White Dental Clinic Ltd is the principal dentist.

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

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

The practice is open:

9am to 6pm Mondays to Fridays

9am to 5pm Saturdays

Our key findings were:

Summary of findings

- The practice appeared to be visibly clean.
- The provider had suitable safeguarding procedures.
- There were effective systems in place to reduce the risks associated with the transmission of Covid-19.
- The infection control procedures were not monitored to ensure that they were followed in accordance with published guidance.
- There were ineffective systems to ensure that all the recommended emergency medicines were available.
- There were ineffective systems to assess and manage risk to patients and staff.
- The practice recruitment procedures were not followed, and important checks were not carried out when staff were recruited to work at the practice.
- There were ineffective management and governance arrangements to monitor and improve quality and safety at the practice.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- 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 the duties.


Full details of the regulations the provider is not meeting are at the end of this report.

We will review these improvements at a follow inspection visit.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	Enforcement action 
Are services effective?	Requirements notice 
Are services well-led?	Enforcement action 

Are services safe?

Our findings

We found that this practice was not providing safe care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement and Enforcement Actions section at the end of this report).

At our previous inspection on 27 May 2021 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 17 December 2021 we found the provider had made some but not all the required improvements to comply with the regulations.

- Improvements had been made to the practice safeguarding procedures and staff were aware of how to report concerns.
- Improvements had been made to the arrangements to systems to minimise the risks of transmission of the COVID-19 virus. There were standard operating procedures in line with current guidelines.
- Improvements had been made to the procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.
- Some improvements had been made to the practice infection prevention and control procedures. However, all of the required daily tests were not carried out to check the effectiveness of the sterilising equipment. Infection prevention and control audits were not available, and the provider was unable to provide assurances that these were carried out in accordance with relevant guidance.
- There were ineffective arrangements to assess and mitigate risks of fire at the practice. There was no fire safety risk assessment. There were no records to demonstrate that the fire alarm and emergency lighting systems were regularly tested.
- The practice did not have effective arrangements to ensure the safety of the X-ray equipment. There were no records available to show that the required checks had been carried out to determine that the X-ray equipment was safely maintained. There were no records available in respect of the required annual electrical and mechanical tests or the three yearly radiological tests for the X-ray equipment. There was no radiation protection adviser (RPA) to advise on complying with the Ionising Radiations Regulations 2017 (IRR17).
- Records for the principal dentist showed that they did not justify the reason for taking dental radiographs, report on the findings or clinical quality of dental radiographs taken.
- Training records were not available to show that clinical staff completed continuing professional development in respect of dental radiography.
- Sepsis information prompts for staff, and patient information posters were not available in the practice. There were no sepsis related procedures to ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.
- There were arrangements to check emergency medicines and equipment. However, these were not effective in ensuring that the relevant medicines and equipment were available. On the day of our inspection the medicine to treat anaphylaxis (severe allergic reaction) was not available. There were no records available to demonstrate that staff undertook training in basic life support.
- The provider did not have systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist. There were no systems for making, monitoring and following up on referrals.

Are services safe?

Our findings showed the provider had made improvements but had not taken action to fully comply with the regulations when we inspected on 17 December 2021.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice was not providing effective care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Actions section at the end of this report).

At our previous inspection on 27 May 2021 we judged the practice was not providing effective 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 17 December 2021 we found the provider had made some but not all the required improvements to comply with the regulations.

- There were ineffective arrangements so that the practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. We looked at a sample of dental care records to confirm our findings.
- Records seen lacked information including; detailed assessment of patients, evidence of discussion about – treatment options, intended benefits or potential risks.
- Where X-rays were taken there was no information about reason / findings.
- Where antibiotics were prescribed the reason and rationale was not recorded. Patient consent to treatment was not always evident.
- Where dental implants were carried out, records lacked important information including detailed information about care of implants and risk of possible failure.
- There were no quality assurance processes, such as audits of dental care records to encourage learning and continuous improvement.
- There were ineffective systems to ensure that staff had the skills, knowledge and experience to carry out their roles. When we last inspected the practice, we noted a number of training records were not available for the staff team. These records were not available on this inspection.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 17 December 2022.

Are services well-led?

Our findings

We found that this practice was not providing well-led care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement and Enforcement Actions section at the end of this report).

At our previous inspection on 27 May 2021 we judged the practice 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 17 December 2021 we found the provider had made some but not all the required improvements to comply with the regulations.

- There were no audits of dental radiographs to assess the quality of dental radiograph images taking into account the Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- There were no quality assurance processes, such as audits of dental care records to encourage learning and continuous improvement.
- The provider could not give assurance that improvements had been made to the arrangements for staff recruitment, monitoring staff learning and development needs and ensuring that staff completed training relevant to their roles and responsibilities. No staff recruitment or training records were available.
- The provider did not have systems in place to monitor or follow up on referrals to other dental / health providers where patients required urgent or specialist dental treatments, which the practice did not provide. There were no arrangements to ensure that patients would receive this treatment in a timely manner.
- The provider did not have systems in place for receiving, managing and sharing safety alerts such as those reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 17 December 2022.

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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met</p> <p>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:</p> <p>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:</p> <ul style="list-style-type: none">• Satisfactory evidence of conduct in previous employment (references) were not available for the dental nurse.• Disclosure and Barring Service (DBS) checks were not available for the dental nurse or the trainee dental nurse.• There were no records in respect of registration with the General Dental Council (GDC) for the dental nurse. <p>Regulation 19 (3)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received</p>

Requirement notices

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:

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:

- There were no arrangements to assess staff learning and development needs. or to ensure that clinical staff undertook required training including continuing professional development (CPD) in accordance with the General Dental Councils *Standards for the Dental team* for clinical staff:
- There were ineffective arrangements for induction for new staff. Induction records for the dental nurse and the trainee dental nurse were incomplete. These records did not demonstrate that the practice procedures were followed so as to ensure staff were familiar with the practice policies, procedures and ways of working.
- There were no training records for the trainee dental nurse.
- There were no training records in relation to basic life support, safeguarding, Legionella awareness, fire safety awareness or dental radiography for the dental nurse.
- Records for the principal dentist and the associate dentist were not maintained to demonstrate that they were up to date with the required training including continuing professional development (CPD) in accordance with the General Dental Councils *Standards for the Dental team* for clinical staff:

Regulation 18 (2)

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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.</p> <p>How the regulation was not being met</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There were ineffective systems to monitor and improve the quality of dental radiographs. Audits of dental radiographs were not carried out and there was inconsistent recording in relation to justification, reporting on findings and recording clinical grade of dental radiographs taken.• There were ineffective systems to ensure that dental records were maintained so as to accurately reflect assessments carried out and treatments provided to patients.• There were no arrangements for monitoring and acting on patient safety information such as information issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).• There were ineffective arrangements for referring patients' referrals to other dental practitioners or other clinical specialists in instances where this was indicated, such as where the practice did not offer a service, or a patient required specialist dental treatment or urgent care due to suspected oral cancer.

Enforcement actions

- There were no procedures available in respect of making or following up on referrals made by the practice for routine or urgent assessment or treatment.

Regulation 17 (1)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment must be provided in a safe way for service users.

How the regulation was not being met.

The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- All the recommended emergency medicines were not available in accordance with Resuscitation Council UK Guidelines 2021. We observed that the medicine to treat anaphylactic / severe allergic reaction (Adrenaline) was not available.
- We noted that the practice used latex rubber dental dam. The provider had not considered, assessed or mitigated the risks of allergic reaction.
- The provider has failed to assess and mitigate risks in relation to the control and spread of infections, in accordance with the Department of Health publication "Health Technical Memorandum 01-05: Decontamination in primary care dental practices":

All that the appropriate tests (Helix / Bowie dick tests) were not carried for the sterilising equipment as part of safety and quality assurance tests in accordance with the manufacturers' maintenance instructions.

- We asked to see the infection prevention and control audits. These were unavailable and the provider could not tell us when the last audit had been carried out.

Enforcement actions

- We asked to see the practice sharps risk assessment in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. This was not available, and the provider could not tell us if or when the risk assessment had been carried out.
- We asked to see records to demonstrate that clinical staff were effectively vaccinated / immunity against Hepatitis B virus. The provider could not locate these records or provide assurances that this was monitored.
- We asked about the arrangements for assessing and mitigating the risks of fire at the practice. We requested to see the fire risk assessment and records to show that emergency lighting and fire alarms were tested and serviced. The provider was unable to locate these documents. The provider was unable to tell us when the risk assessment had been carried out or when fire safety equipment had been tested.

Regulation 12 (1)