Mr. Sukhdev Ubhi

Whitnash Dental Care

Inspection report

80 Heathcote Road
Whitnash
Leamington Spa
CV31 2NF
Tel: 01926886066

Date of inspection visit: 19 September 2023
Date of publication: 18/10/2023

Overall summary

We carried out this announced comprehensive inspection on 19 September 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 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, although cleaning logs were not available.
- Some improvements were required to the practice's infection control procedures to ensure they reflected published guidance.
- Staff had not received annual training on how to deal with medical emergencies. Systems to ensure appropriate medicines and life-saving equipment were available but could be improved.
- The practice had systems to help them manage risk to patients and staff; improvement was needed in the fire, legionella, sharps and general risk assessments.

Summary of findings

- Safeguarding processes in place could be improved, staff had not completed safeguarding training to the required level.
- The practice's staff recruitment procedures did not always reflect current legislation.
- Systems to ensure staff kept up to date with required training could be improved.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, records did not demonstrate that due regard was given to National Institute of Health and Care Excellence (NICE) guidelines.
- Improvement was needed to ensure governance was effective, systems were embedded, and followed published guidance.
- Staff felt involved, supported and worked as a team.
- The practice had recently introduced a system for obtaining patient's feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Whitnash Dental Care is in Leamington Spa, Warwickshire and provides NHS and private dental care and treatment for adults and children.

A portable ramp is used to access 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 1 dentist, 2 dental nurses and 2 receptionists. The practice has 1 treatment room.

During the inspection we spoke with 1 dentist (the provider), 1 dental nurse and 1 receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday from 9am to 6pm, Tuesday to Thursday from 8.30am to 6pm and Friday from 8.30am to 1pm. The practice is closed each day for lunch from 1pm to 2pm.

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.

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:

- Take action to ensure clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.

Summary of findings

- Take action to ensure the clinicians adopt an individual risk-based approach to patient recalls taking into account the National Institute for Health and Care Excellence guidelines. Take into account the guidance provided by the College of General Dentistry when completing dental care records and take into account the guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when promoting the maintenance of good oral health.
- Improve and develop the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.

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?	**Requirements notice** ✖
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✖

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 Requirement Notices 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.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice's safeguarding processes required improvement. In particular:

- Staff had completed in house safeguarding training but not to the required level in line with the practice policy and relevant guidance.
- There was no information regarding the 'was not brought' process and staff spoken with were not fully aware of the procedure to follow.
- The contact details for the local safeguarding authority required updating in the practice policy.

Following this inspection, we were sent evidence to demonstrate that the provider had completed the required training. We were also sent evidence to demonstrate that staff were registering with an online training provider, and we were assured that all staff would complete this training.

Improvements were required to the practice's infection control procedures. In particular:

- The infection control policy had not been adapted to the practice as this stated that safer sharps were used when they were not used at this practice.
- The label on the sharps bin in the decontamination room had not been completed with the date of opening. This was recorded during the inspection.
- There was no sanitary waste bin in the staff/patient toilet.

Following this inspection, we were sent evidence to demonstrate that a sanitary waste bin had been purchased.

The practice did not have adequate procedures to reduce the risk of Legionella or other bacteria developing in water systems. In particular:

- A legionella risk assessment had been completed the week before this inspection. There was no evidence of a risk assessment being completed prior to this. A number of urgent issues were identified, for example, logging of hot and cold water temperatures monthly, legionella training for staff, flushing rarely used outlets, quarterly descaling and annual legionella water sampling. The provider confirmed that they had a telephone call booked with the risk assessor to discuss the risk assessment and the required actions. Following this inspection, the provider sent a quote of works to be completed to address issues identified in the risk assessment and we were assured that the issues would be addressed.
- The provider was flushing water lines in line with recommendations; however, water quality checks were not being completed. Following this inspection, we were sent evidence to demonstrate that dip slide water tests had been purchased.

The practice's policies and procedures to ensure clinical waste was segregated and stored appropriately in line with guidance required improvement. In Particular:

- The clinical waste bin was not locked and there was no means of securing the bin to help prevent vandalism. We were assured that the bin was usually kept locked**.** Following this inspection, we were sent evidence of a purchase order for equipment to secure the clinical waste bin.

Systems were not in place to ensure the practice was kept clean. In particular:

Are services safe?

- There were no logs to demonstrate the cleaning that took place in treatment rooms at the start and end of the day and in between patients. Non clinical areas were cleaned by a contract cleaner who attended the practice once a week. There was a schedule for this cleaning but no log to demonstrate tasks completed. The provider had recently printed off cleaning schedules showing the daily, weekly and fortnightly cleaning requirements at the practice. We were assured that the new cleaning schedule would be implemented immediately, and logs would be completed to demonstrate cleaning completed.

Recruitment checks had not been carried out, in accordance with relevant legislation to help them employ suitable staff . In particular:

- A full employment history, together with a satisfactory written explanation of any gaps in employment was not available for all staff.
- There was no satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care, or children or vulnerable adults.
- Satisfactory information had not been obtained about any physical or mental health conditions which are relevant to the person's capability, after reasonable adjustments are made, to properly perform tasks which are intrinsic to their employment or appointment for the purposes of the regulated activity.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice's system to ensure the facilities were maintained in accordance with regulations required improvement. In particular:

- We were told that there had been no inspection of electrical fixed wiring installations. However, following this inspection, we were provided with evidence to demonstrate that the electrical installation check had been booked for 2 October 2023.

The provider did not have effective fire safety management procedures. In particular:

- There had been no fire safety risk assessment.
- Staff had not completed any training regarding fire safety.
- There were no logs available to demonstrate checks completed on fire safety equipment.

Staff spoken with were aware of the location and use of fire extinguishers and of the muster point outside the practice. We saw that fire extinguishers had received an annual service. There was no fire alarm at the practice, and we discussed the alternative methods of raising the alarm in case of fire. Following this inspection, we were sent evidence to demonstrate that an external professional company had been booked to complete a fire risk assessment on 29 September 2023 and were assured that any remedial action required would be completed.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. Radiograph image processing quality assurance checks had not been completed, for example step wedge. Step wedge are used as a quality assurance test in monitoring the film processing used in dental radiography. We were assured that these would be completed as soon as possible.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety although improvements were required. In particular:

- There was no sepsis awareness poster on display and staff had not completed sepsis training.

We were told that there were no lone workers at the practice.

Not all emergency equipment was not available and checked in accordance with national guidance. In particular:

Are services safe?

- The following items were missing; portable suction, clear face masks sizes 0, 1, 2, 3, and 4, a spacer device for inhaled bronchodilators, razor, mercury spillage kit and eyewash.
- Checks were not completed at the frequency suggested in guidance. We were assured that weekly checks would be completed and logged going forward.

Following this inspection, we received evidence to demonstrate that the missing items had been ordered.

Staff had not completed training in emergency resuscitation and basic life support every year. The provider had completed this training but there was no evidence to demonstrate any of the other staff had completed this training. We saw evidence that 1 dental nurse had completed online training the day prior to our inspection and that face-to-face basic life support training had been booked for 26 September 2023. Following this inspection, we received evidence to demonstrate that staff had completed online training.

The practice did not have risk assessments to minimise the risk that could be caused from substances that are hazardous to health. We were told that safety data sheets were available online.

Information to deliver safe care and treatment

Patient care records were legible, 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. Prescriptions were securely stored, however, there was no tracking system in place. Prescription numbers were not logged or recorded on patient records.

An antimicrobial prescribing audit had been carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice received patient safety alerts, however, there was no system in place to demonstrate action taken in response to a dental related alert.

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

During discussions it was obvious that staff understood their responsibilities under the Mental Capacity Act 2005, although they had not completed training regarding the Mental Capacity Act 2005 or consent.

Monitoring care and treatment

We found that clinical care was provided effectively. However, we noted that the practice did not keep detailed dental care records in line with recognised guidance. In particular:

- Basic Periodontal Examinations for children over 7 were not recorded as necessary on each occasion.
- There was no evidence of 6 point pocket charting,
- Risk assessment for oral cancer tooth wear, caries and periodontal disease were not always recorded.
- Diagnosis was not recorded on each occasion.
- NICE guidelines were not reflected in patient dental care notes.
- Recall intervals were recorded in notes, but these were not based on the results of risk assessments.
- Options, including the risks and benefits of treatment were not recorded.
- Patient dental records did not demonstrate that consent to treatment was obtained on each occasion.
- There was no evidence that treatment plans were given to patients as required on each occasion.
- There was no information regarding social history such as smoking, diet or alcohol recorded in patient dental care records.
- There was no evidence that the Delivering Better Oral Health toolkit was being followed. The provider assured us that they would ensure that the record template included all of the necessary details which would be recorded going forward.

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.

Evidence was not available to demonstrate that the dentist justified, graded and reported on the radiographs they took. The practice carried out a radiography audit on 13 September 2023, we requested, but were not provided with evidence to demonstrate that previous audits had been completed six-monthly following current guidance.

Effective staffing

The practice did not have evidence to demonstrate that they carry out a structured induction for newly appointed staff. We were shown induction paperwork which had been signed when staff initially commenced their employment at the practice. There was no documentary evidence to demonstrate that induction training had taken place. Staff spoken with said that the provider was helpful and approachable and always available to answer any questions they had. They felt that their induction provided them with the information needed.

Are services effective?

(for example, treatment is effective)

The practice did not have systems in place to ensure clinical staff had completed continuous professional development training (CPD) as required for their registration with the General Dental Council. In particular,

- staff had not completed safeguarding training to the required level.
- there was no evidence of basic life support, infection prevention and control, learning disability and autism awareness, mental capacity, legionella, consent, sepsis, or fire training.

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 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 provided us with specific examples of where they had been particularly caring which included holding the patients hand whilst they were undergoing dental treatment.

The practice had long standing patients who had been visiting the practice for many years. We were told that a lot of patients had initially registered with the practice as family or friends had recommended it.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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

The dentist explained the methods they used to help patients understand their treatment options. These included photographs, 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. Extended opening hours were provided Tuesday to Friday from 8.30am and the practice was open until 6pm on Monday to Thursday.

Staff were clear about the importance of providing emotional support to patients when delivering care. We were told that staff chatted to patients to try and reassure them and put them at ease. Staff would hold the patient's hand during treatment if requested. Where the dentist was aware that a patient was anxious, they would book appointments at the end of the day if possible so that they could take their time to ensure the patient was relaxed.

The practice had made reasonable adjustments, including a portable ramp to gain access to the practice, ground floor reception, waiting area and treatment room, there was also a disabled access toilet for patients with access requirements. We were told that the practice did not have access to translation services, but this was not required as staff at the practice spoke various languages such as Romanian, Spanish and Punjabi and were able to communicate with patients who spoke these languages. 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 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. Daily emergency slots were available for patients in dental pain. The frequency of appointments was agreed between the dentist and the patient, Patient records did not demonstrate that due regard was given to NICE guidelines when deciding recall timescales. Patients had enough time during their appointment and were not rushed.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. 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. Staff discussed outcomes to share learning and improve the service.

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 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.

Leadership capacity and capability

The principal dentist had overall responsibility for the running of the practice. Leadership, oversight and management could be improved.

The inspection highlighted areas of concern where improvements were needed; for example, systems and processes were not fully embedded. Risk management, oversight of staff training, oversight of and adherence to guidance was not fully effective. Information and evidence were not always readily available.

The information and evidence presented during the inspection process was not clear or well documented.

Culture

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

Staff discussed their training needs during appraisal.

The practice did not have suitable arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Staff had completed in-house training regarding safeguarding, autism and learning disabilities, cross infection and health and safety. We were told that this training entailed discussing the practice policies and procedures. There was no written information regarding the training and no evidence that other mandatory training had been completed. Following this inspection, we were sent evidence to demonstrate that staff had been registered with an online training provider and were assured that all necessary training would be completed.

Governance and management

Staff had responsibilities roles and systems of accountability to support governance and management. These could be improved upon to ensure systems were embedded and staff followed up-to-date published guidance.

Improvement was required to ensure more effective oversight and management of systems and processes. In particular:

- Systems to ensure the content of the medical emergency kit reflected published guidance were not fully effective.
- Infection prevention and control systems were not aligned to published guidance.
- Risk management systems in respect to fire safety, control of substances hazardous to health, sharps risk mitigation and legionella were not fully effective.
- Systems to ensure the safe recruitment of staff in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Schedule 3).

Appropriate and accurate information

The practice did not use quality and operational information, for example, surveys, audits, external body reviews to ensure and improve performance.

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Are services well-led?

Staff had recently reintroduced the Friends and Family Test which is a method of gathering feedback from patients to help identify what is working well and what could be improved. We were told that there was no feedback to review.

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate. Staff said that they enjoyed their job and were happy working at the practice.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

The practice's systems and processes for learning, quality assurance and continuous improvement required improvement. The radiography and record keeping audits had been completed the week prior to this inspection and there were no previous audits available. The record keeping audit did not highlight any of the shortfalls identified during this inspection. The antimicrobial prescribing audit was completed the day of inspection and no previous audits were available. Audits did not highlight any actions required. The infection prevention and control audits seen had been completed annually 30 September 2022 and 12 September 2023 and not 6 monthly as required.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment 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: • Systems for environmental cleaning had not been implemented, there were no cleaning logs to demonstrate cleaning completed. • There was no electrical installation condition report (fixed wiring). • Items of medical emergency kit were not available. • Sepsis oversight and management was not established. • Systems for receiving and responding to patient safety alerts, recalls and rapid response reports were not effective or embedded. • Systems in place to track and monitor the use of NHS prescription pads were not effective.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 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 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:

This section is primarily information for the provider

Requirement notices

- The radiography audit did not have documented learning points and the resulting improvements could not be demonstrated.
- The dental care records audit did not check that necessary information was recorded.
- Infection prevention and control audits were not completed at the required frequency.

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:

- Systems for checking medical emergency equipment were not efficient or at the required frequency and staff training in the management of medical emergencies was overdue.
- Risk assessments for products that are hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, had not been completed.
- The provider had not taken action to implement any recommendations in the Legionella risk assessment.
- A fire risk assessment had not been completed and fire safety management systems were not fully implemented or effective.
- The practice's general risk assessment did not contain up to date, correct information relating to the practice.
- The practice's recruitment procedure had not been implemented to ensure that appropriate checks were completed prior to new staff commencing employment at the practice.
- Systems to monitor the completion of continuous professional development as recommended by the General Dental Council professional standards were not in place. The provider did not have full oversight of staff training and development.