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# Watton Place Dental Surgery

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 25 October 2021 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

As part of this inspection we asked the following questions

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services well-led?**

# Summary of findings

We found this practice was providing well-led care in accordance with the relevant regulations.

## Background

Watton Place Dental Surgery is in Watton-at-Stone, Hertfordshire and provides NHS and private dental care and treatment for adults and children. As well as providing general dentistry and implants, it holds an NHS Primary Dental Services contract to provide minor oral surgery to patients on referral.

The dental practice is on the first floor above a doctor's surgery and access is via a staircase, so it is not suitable for people who use wheelchairs or those with pushchairs. Patients are advised of this when they first contact the practice and, if necessary, are signposted to a nearby dental practice in Stevenage which is fully accessible. Car parking spaces are available near the practice.

The dental team includes three dentists, five dental nurses, one of whom also acts as a practice co-ordinator and deputises for the practice manager, two dental hygienists, one receptionist and a part-time practice manager. 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 two dentists, two dental nurses, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 12.30pm to 5pm.

Tuesday, Wednesday and Thursday from 9am to 5pm.

Friday from 9am to 1pm.

Saturdays (one to two per month) from 9am to 1pm.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.

# Summary of findings

- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.

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

- Take action to ensure audits of the prescribing of antibiotic medicines are undertaken at regular intervals to improve the quality of the service.
- Review the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.'

# 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 effective?	No action	✓
Are services well-led?	No action	✓

# Are services safe?

## Our findings

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

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

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training to an appropriate level and at a recent team meeting had discussed how they would record in dental care records children who had not been brought to their appointment to help identify possible safeguarding concerns. Contact details for local authority safeguarding teams were regularly reviewed and displayed for staff to readily access. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records. The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Additional operating protocols had been implemented to the patient journey to reduce the spread of Covid-19 and the provider had purchased air filtration units for each treatment room.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

Infection prevention and control audits were completed twice a year, although the practice had not used the Infection Prevention Society (IPS) tool as recommended in guidance. On the day of the inspection an IPS audit was completed which showed the practice was meeting the required standards. We were told that this audit tool would be used to carry out audits twice yearly in future.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean and treatment rooms and surfaces including walls, floors and cupboard doors were free from visible dirt.

# Are services safe?

The provider had policies and procedures in place to ensure clinical waste was segregated and stored in a locked container, although there was scope to improve this by securing the container to a fixed structure.

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed. There were processes in place to prevent wrong site tooth extraction.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment had been carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Fire evacuation drills were undertaken.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Rectangular collimators were in use on X-ray units to reduce patient exposure.

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

Clinical staff completed continuing professional development in respect of dental radiography.

## **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments had been completed for risks associated with the Covid-19 pandemic. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been completed and staff were using the safest types of needles and matrix bands. Sharps boxes were labelled correctly although there was scope to site them at the point of use, in order to assist the clinicians to manage the disposal of sharps. Following the inspection, we were advised this had been done.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Some staff had completed sepsis awareness training and the clinical staff had knowledge of the recognition, diagnosis and early management of sepsis. However, there were no sepsis prompts for staff or patient information posters on display. Immediately after the inspection we were sent evidence that a poster had been obtained and told it would be displayed.

# Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. They also undertook regular emergency medical simulations to keep their knowledge and skills up to date.

Emergency equipment and medicines were available and we saw staff kept records of their checks of these to make sure they were available, within their expiry and in working order. However, we noted on the inspection, that not all sizes of the clear face masks, as recommended in the guidance, were present and the temperature of the fridge, where the glucagon was stored was not monitored to ensure the medicine was effective. On the day of inspection, the full complement of face masks and a replacement glucagon were ordered. A maximum/minimum thermometer was obtained and a daily fridge temperature log implemented.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team.

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

## **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 dental care records with clinicians to confirm our findings and observed that individual records were written and typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had 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.

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

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of and followed current guidance with regards to prescribing and dispensing medicines. However, antimicrobial prescribing audits were not carried out. Immediately after the inspection we were advised by the practice manager that an audit was being undertaken.

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

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

# 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. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by two dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to digital X-rays and an intra-oral camera to enhance the delivery of care.

Staff had carried out a disability access audit in July 2021 and had formulated an action plan to continually improve access for patients. Patients had access to a hearing loop and translation services if needed.

### **Helping patients to live healthier lives**

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentists described to us the procedures used at the practice to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### **Consent to care and treatment**

Staff 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



# Are services effective?

(for example, treatment is effective)

We spoke with one patient on the day of the inspection who praised the care provided and said they received information about their treatment options and what would be involved in the procedure, helping them give informed consent about it.

## **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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a three month probationary period and we saw evidence of a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

## **Co-ordinating care and treatment**

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for minor oral surgery and we saw staff monitored and ensured the dentists were aware of all incoming referrals daily. Staff monitored referrals through an electronic referral and tracking system to ensure they were responded to promptly.

# Are services well-led?

## Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. The information and evidence presented during the inspection process was clear and well documented. They could show how they maintained high-quality sustainable services and demonstrated improvements over time.

### **Leadership capacity and capability**

We found the principal dentist and practice manager had the capacity, values and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service.

In addition to this, staff had delegated responsibilities, with specific leads in the practice for areas such as infection control. The provider realised the benefit of giving staff additional responsibilities to develop their skills and add interest to their role.

Staff told us that the principal dentist and practice manager were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership. One staff member told us that they felt able to tell the dentist when they had made an error.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

### **Culture**

The practice had a culture of high-quality sustainable care.

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

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. This had been particularly evident during the Covid-19 pandemic when the practice had remained open as an urgent dental care centre.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

# Are services well-led?

The practice had a policy which detailed its complaints' procedure, and information for patients was available at reception.

The practice manager was the lead for complaints and logged all complaints received. We viewed the last complaint received and noted it had been investigated and responded to in a timely, empathetic and professional way. Patients' complaints were discussed at practice meetings, ensuring learning from them was shared across the staff team.

We saw there were clear and effective processes for managing risks, issues and performance.

## **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS Business Service Authority (BSA) performance information, surveys, and audits, was used to ensure and improve performance. Performance information was combined with the views of patients.

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

## **Engagement with patients, the public, staff and external partners**

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient satisfaction surveys and encouraged verbal comments to obtain staff and patients' views about the service. These were reviewed monthly and we were told about how suggestions from patients were acted on. For example, due to Covid-19 restrictions, patients attending for appointments were asked to wait in their car and were called into the practice at their appointment time. Patients had asked to be informed if their appointment was delayed for any reason and this had been implemented by staff.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. Patients indicated a very high satisfaction rate (99%) for the care received.

The provider gathered feedback from staff 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. For example, staff had suggested obtaining an additional phone line at the practice to enable them to call patients in for their appointment, and dental nurses had requested changing their uniform from tunics to scrubs. Both suggestions had been acted upon by the provider.

## **Continuous improvement and innovation**

The provider had systems and processes for learning, continuous improvement and innovation.

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

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, the practice provided all staff with mandatory training and two dental nurses were being supported to undertake additional training in dental radiography to enhance their role.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.