

Mr Neil Waters

# Waters Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 29 November 17 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.

We told the NHS England area team that we were inspecting the practice. They did not provide any information.

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 not 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**

Waters Dental Practice is in Worcester Park and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available in surrounding roads.

The dental team includes a dentist, a dental nurse and a receptionist. The practice is set out over one level and has a waiting area and a surgery, decontamination room and a patient toilet.

# Summary of findings

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.

On the day of inspection we collected 27 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

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

The practice is open: Monday to Wednesday 9.00-5.30pm; Thursday and Friday 9.00-1.00pm. The practice closes for lunch from 1.00pm to 2.30pm Monday to Wednesdays.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had staff recruitment procedures.
- Staff treated patients with dignity and respect however we observed examples of where privacy was not maintained because the door of the treatment room was left open during treatment procedures.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice was not flushing dental lines in line with guidance and did not have a legionella risk assessment in place.
- Staff knew how to deal with emergencies. However emergency medicines and life-saving equipment were not available in line with current guidelines.
- There was lack of suitable processes for safeguarding adults at risk and children.
- The clinical staff provided patients' care and treatment in line with current guidelines although this was not always reflected in dental care records.
- The practice did not have suitable systems to help them manage risk

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 regulations the provider was not meeting are at the end of this report.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response 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).
- Review systems for checking and monitoring equipment taking into account current national guidance and ensure that all equipment is well maintained.
- Review availability of medicines and equipment such as an Automated External Defibrillator (AED) to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. The provider must ensure a risk assessment is undertaken if a decision is made to not have an AED on-site.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review availability of an interpreter services for patients who do not speak English as a first language.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.
- Review the practice's protocol and staff awareness of their responsibilities under the Duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Summary of findings

- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities.

# 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 not providing safe care in accordance with the relevant regulations.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

There was lack of suitable processes for safeguarding adults at risk and children.

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

The practice had arrangements for dealing with medical and other emergencies although they did not have an Automated External Defibrillator (AED) and some items were missing from the medical emergencies medicine box.

We noted that not all equipment was being maintained in line with manufacturer's recommendations.

The practice had systems and processes to provide safe care and treatment.

Some staff had received training in safeguarding and 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.

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

The practice had arrangements for dealing with medical and other emergencies although they did not have an Automated External Defibrillator (AED) and some items were missing from the medical emergencies medicine box.

We noted that some equipment was not being maintained in line with manufacturer's recommendations.

Requirements notice



### Are services effective?

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

No action



# Summary of findings

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance although this was not documented in all of the dental care records we reviewed. Patients described the treatment they received as caring and professional. The dentist told us they discussed treatment with patients so they could give informed consent and recorded this in their records.

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

Clinical staff had completed training relevant to their roles.

## Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

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, professional and empathetic. They said that they were given helpful and honest explanations about dental treatment, and said their dentist listened to them.

Patients said staff treated them with dignity and respect. Although we did receive information from patients that sometimes their privacy was not respected. Improvements could be made to better protect patients' privacy by ensuring surgery room doors were closed while treatment procedures were on-going.

No action



## 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.

The practice was wheelchair accessible and set out over one floor. The practice told us they did not have access to telephone or face to face interpreter services as this was not required by their patients.

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 Requirements Notice section at the end of this report).

The practice did not have arrangements to ensure the smooth running of the service. There was limited processes in place to assess risks and the quality of the service.

The practice team kept patient dental care records which were, clearly written but lacked detail.

Requirements notice



## Summary of findings

The practice was not monitoring areas of their work such as by undertaking regular audits to help them improve and learn. This included having processes for asking for and listening to the views of patients and staff.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

Staff told us that the practice recorded, responded to and discussed all incidents to reduce risk and support future learning. Staff told us there had not been any accidents in the practice in the past 12 months.

The principal dentist told us that the practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) by post. The principal dentist told us that they had not received anything relevant in many years. They told us that relevant alerts were discussed with staff, acted on and stored for future reference.

Their attention was brought to a recent relevant alert relating to glucagon that they were not aware of.

The principal dentist stated that they would look into how they receive alerts.

### Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. They did not have details of the local authority safeguarding team available in the event of needing to contact them. We discussed how this information would be obtained in the absence of the practice not having any IT equipment or computers. The principal dentist told us they would find a way to find out; however they were unable to demonstrate this on the day. We provided them with relevant contact details and they advised us that they would review their procedures for the future.

We saw evidence that clinical staff had received safeguarding training. Non-clinical staff did not have any certificates to confirm they had complete safeguarding training. When we discussed it with them they told us that had never received safeguarding training. We discussed the absence of training with staff and the principal dentist and they said they would ensure training was completed immediately. Staff knew about the signs and symptoms of abuse and neglect.

The dentist was not using rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment. We discussed this with the principal dentist and they told us they used suction as an alternative method to protect the patients' airway.

### Medical emergencies

Staff told us they knew what to do in a medical emergency; however the non-clinical staff told us that they had never received medical emergencies training despite working in the service for a number of years. The dental nurse advised us that they had last completed training in approximately 2015. Staff told us that the principal dentist was the first aider so they relied on them to be the person responsible to respond to all medical emergencies. We discussed the risks associated with the lack of training. Staff told us they would ensure they completed training as soon as possible.

Some emergency equipment and medicines were available however items such as glucagon, portable suction and spacers were missing. The practice also did not have access to an automated external defibrillator (AED); neither did they have a risk assessment in place.

### Staff recruitment

The practice did not have a staff recruitment policy and procedure in place. The principal dentist told us that the staff had been working in the practice for over 15 years and were employed before they registered with the Care Quality Commission. They said that they had followed procedures that were relevant at that time. Staff records we looked at contained information relating to staff training but were limited with regards to personal information.

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

### Monitoring health & safety and responding to risks

The practice's health and safety policy was dated November 2010. Some of the details were out of date. We discussed risk assessments with the principal dentist and they told us that they were carried out but they did not maintain records of the risk assessments. The policy stated that they would carry out checks to electrical equipment,

# Are services safe?

conduct fire drills and check for fire hazards. The policy stated that records of these checks were supposed to be maintained. We asked staff for the records but the confirmed they were not maintained.

Fire equipment had been tested on 27 November 2017.

The clinicians' professional indemnity insurance was up to date.

Staff assured us the practice had current employers' liability insurance though they were unable to locate the certificate. The certificate on display in reception was dated 11 September 2005 with a validity up to 10 September 2006. During the inspection staff located a certificate dated 11 September 2016 with a validity up to 10 September 2017. They were unable to find the current certificate. We gave the practice an opportunity to provide it following the inspection. They did not provide and documentation.

A dental nurse worked with the dentist when they treated patients.

## **Infection control**

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

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

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

The practice did not have robust procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The practice was not flushing dental lines in line with guidance and did not have a Legionella risk assessment in place. We saw that the dentist treated patients without a gown or protective clothing. We discussed this with the dentist and they advised us that they treated patients as we saw them dressed (i.e. long sleeved shirt and trousers).

We saw cleaning schedules for the premises. The practice was clean when we inspected and feedback from patients confirmed this was usual.

## **Equipment and medicines**

We saw some servicing documentation for the equipment used at the practice. Staff carried out checks in line with the manufacturers' recommendations.

Some equipment was not being serviced in line with manufacturer's recommendations. For example, stickers on portable appliances stated that they should have been re-tested in November 2015. This had not occurred. The compressor examination certificate was also overdue. The last check was 29 July 2013.

## **Radiography (X-rays)**

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 dentist justified, graded and reported on the radiographs they took. The practice was not carrying out radiography audits in line with current guidance.

Clinical staff had undertaken continuous professional development in respect of dental radiography.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We spoke with the dentist and they told us they carried out a comprehensive assessment when seeing patients. The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. However some of the dental care records we reviewed did not document that medical histories were updated or the oral health advice that had been given to patients. We also noted that periodontal assessment and charting were not recorded.

### Health promotion & prevention

We did not see any evidence in dental care records to show that the practice promoted preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Staff told us that leaflets relating to health promotion had run out and they were due to order some more.

The practice supplied patients with free samples of toothpaste.

The dentist told us they did not prescribe concentration fluoride toothpaste

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. However the dentist told us that if a patient needed further oral health advice they were advised to find a hygienist themselves.

### Staffing

All staff had been working in the service for many years. The principal dentist told us that if new staff were to join the practice they would be provided with a period of induction based on a structured induction programme.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

### Working with other services

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

### Consent to care and treatment

Staff told us that they understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. We did not see evidence in the dental care records confirming whether options and various advantages and disadvantages of procedures were discussed and consent obtained suitably.

The practice did not have a consent policy and staff were unaware of the Mental Capacity Act 2005. We spoke with the principal dentist and they told us they did not know what their responsibilities under the act were and that they were not aware of the Gillick competence principle.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Patients commented positively that staff were caring, professional and kind. We saw that staff were friendly towards patients at the reception desk and over the telephone.

We noted that the dental care records were stored securely.

Music was played in the treatment room and there were magazines in the waiting room.

During our inspection we saw that the treatment room door was left open when patients were receiving treatment inside. Conversations could be heard and treatment being given could be seen by those in the reception area. Patients' privacy whilst being treated was not suitably maintained.

### **Involvement in decisions about care and treatment**

The practice gave patients information to help them make informed choices. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described satisfaction with the responsive service provided by the practice.

The practice had an appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were usually seen the same day. Patients indicated through the comment cards that they had enough time during their appointment.

### Promoting equality

The practice was step free providing accessible access for patients in wheelchairs or those with pushchairs.

Staff said they could provide information in different formats to meet individual patients' needs. They did not have access to interpreter services. The dentist said that they did not need interpreting services as they told patients it was their responsibility to bring someone with them to interpret if they needed it. We discussed this with the provider and pointed out that in some circumstances an interpreter may be required or more suitable.

### Access to the service

The practice displayed its opening hours in the premises.

The dentist told us that the practice was committed to seeing patients experiencing pain on the same day and patients requiring emergency treatment were accommodated in the schedule as and when required. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns.

The principal dentist told us they had not received any complaints in many years and that all their patients were always satisfied with their work. Details of their complaints procedure was available at reception.

The principal dentist told us that patients were always complimentary about their service.

# Are services well-led?

## Our findings

### **Governance arrangements**

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

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. However we noted that these policies were not always followed. For example the health and safety policy said that portable appliance testing would be conducted annually. The stickers on equipment indicated that PAT testing was valid until November 2015. It also stated that fire drills will be conducted every six months and records maintained. There were no records available for fire drills.

### **Leadership, openness and transparency**

We asked the principal dentist about the Duty of Candour requirement and they were not aware of it. (The Duty of Candour is a requirement to be open, honest and to offer an apology to patients if anything went wrong). When we explained the requirement to the dentist they confirmed that they do act in this way.

The staff team was small so the practice were able to hold meetings daily where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### **Learning and improvement**

The practice was not undertaking annual radiography audits in line with current guidance. We discussed this with the principal dentist and they told us they would improve in this area.

Non-clinical staff had not received any training in many years.

Staff we spoke with confirmed that they were happy with the level of support they were given.

### **Practice seeks and acts on feedback from its patients, the public and staff**

The practice told us they used verbal comments to obtain staff and patients' views about the service. They did not keep any records to confirm the feedback they received from patients. We asked for example of how they acted on feedback but staff were unable to provide any.

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 principal dentist advised us that because they did not have a computer they were unable to submit their responses.

## 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>Systems and 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><b>How the regulation was not being met:</b></p> <p>There were limited systems or processes that enabled 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.</p> <p>In particular:</p> <p>There was a lack of arrangements for dealing with medical emergencies. Mandatory items such as glucagon was missing and the practice did not have an Automated External Defibrillator or a risk assessment in place to justify why they did not have one.</p> <ul style="list-style-type: none"><li>• There was a lack of arrangements for ensuring that dental equipment such as X-ray equipment, the compressor and portable appliances were serviced in line with manufacturer's instructions and recommendations.</li><li>• There was no evidence of risk assessments for fire, legionella and health and safety.</li><li>• 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.</li><li>• In particular:</li><li>• Audits were not being carried out in line with guidance and legislation to ensure the quality of grading, justification and reporting in relation to dental radiographs was done suitably.</li></ul>

This section is primarily information for the provider

## Requirement notices

- Feedback from patients was collected but not analysed or returns submitted in line with requirements.

Regulation 17 (1)