

Mr Roman Kartojsky

# Waters Green Dental and Implant Clinic

## Inspection Report

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### Overall summary

We carried out a follow up inspection on 9 November 2017 at Waters Green Dental and Implant Clinic.

On 4 January 2017 we undertook an announced comprehensive inspection of this service as part of our regulatory functions. During this inspection we found breaches of the legal requirements. We carried out a follow-up inspection on 8 August 2017 to check whether the practice met the legal requirements in the Health and Social Care Act 2008 and associated regulations. During the inspection we found two of the breaches of the legal requirements had not been fully addressed.

A copy of the report from both these inspections can be found by selecting the 'all reports' link for Waters Green Dental and Implant Clinic on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

After the comprehensive inspection, the practice sent us an action plan outlining what they would do to meet the legal requirements in relation to the breaches. This report covers our findings in relation to those requirements only.

We revisited the practice on 9 November 2017 to confirm whether they had followed their action plan, and to confirm that they now met the legal requirements in the

Health and Social Care Act 2008 and associated regulations. We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We reviewed the practice against one of the five questions we ask about services: is the service well-led?

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

##### **Background**

Waters Green Dental and Implant Clinic is a general dental practice located near the centre of Macclesfield. There is level access to facilitate entrance to the practice for people who use wheelchairs and for pushchairs. Car parking is available near the practice.

The practice provides private dental services for adults and children.

The practice is open:

# Summary of findings

Monday 9:00am - 5:00pm

Tuesday 11:00am - 8:00pm

Wednesday 9:00am to 5:00pm

Thursday 11:00am to 8:00pm

Friday 9:00am to 5:00pm.

The practice team includes a principal dentist, an associate dentist, a hygiene therapist and three dental nurses. One of the dental nurses is currently training to be the practice manager.

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.

## Our key findings were:

- The practice had improved their systems to help them monitor and improve the service, for example, they now had robust processes in place in relation to significant events.
- The practice had a leadership and management structure. Staff felt involved and supported and worked well as a team.
- The practice had systems in place to help them assess risk. Measures to reduce risk had been improved.
- The practice had improved their staff recruitment procedures.

# 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 well-led?**

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

After the follow-up inspection on 8 August 2017 the practice provided an action plan explaining the arrangements the practice was putting in place to comply with the regulations.

We reviewed the provider's systems for monitoring and improving the quality and safety of the service. We found that most policies and procedures were now customised to the practice's circumstances and scheduled for review. The practice had introduced robust procedures for reporting and learning from significant events and accidents. We saw that these were working well.

We found that the practice had assessed most risks associated with dental practices and had improved the measures they had in place to reduce these risks.

We found that improvements had been made to the staff recruitment processes.

There was a management structure in place and staff felt supported. We saw evidence of regular communication between the principal dentist and trainee practice manager to ensure good governance and leadership were sustained in the long term.

**No action**



# Are services well-led?

## Our findings

### Governance arrangements

The practice had policies, procedures and risk assessments in place to support the management of the service and to guide staff. The trainee practice manager was currently in the process of reviewing and developing the practice's systems. We saw that most of these were now customised to the practice's circumstances and scheduled for review.

We found that recruitment arrangements had been improved since our follow-up inspection in August. We saw that the practice's recruitment procedures reflected the requirements of the legislation. We found that all the required staff recruitment information was available. The recruitment records were stored securely to prevent unauthorised access.

We reviewed the provider's systems for assessing, monitoring and mitigating risk. We found that the measures the practice had put in place to reduce these risks had improved.

- We saw that a number of robust risk assessments were in place in relation to hazardous substances in use in the practice. The trainee practice manager was currently updating the remainder.
- The practice had carried out a new fire risk assessment. We saw that an action plan for the practice had been provided with the risk assessment and most of the actions had been carried out. The remainder were in progress.
- We observed that appropriate warning signs were displayed in relation to the medical emergency oxygen and radiation.
- We found that effective systems were now in place in relation to staff working in a clinical environment prior to the effectiveness of the Hepatitis B vaccination being established, or where their immunisation status was unknown.
- The practice was receiving national patient safety alerts in relation to medicines and equipment. We saw that robust arrangements were now in place to review these and take action where necessary.
- The practice had implemented procedures to report, analyse and learn from significant events and accidents.

Staff described examples of significant events which had occurred at the practice since our follow-up inspection. These had been reported and analysed and we saw clear and robust evidence of learning from these. We found that accidents were followed up appropriately and sufficient detail was recorded.

### Leadership, openness and transparency

We reviewed the practice's systems in place to support communication about the quality and safety of the service for staff.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. One of the dental nurses was training to be the practice manager and was attending a course to obtain a qualification in practice management. The trainee practice manager was responsible for the day to day running of the service. We saw evidence of regular communication between them to ensure good governance and leadership were sustained in the long term.

Staff told us that as it was a small practice issues were discussed and resolved as they arose. Formal staff meetings were not held but the trainee practice manager said these would be introduced now that the practice had grown in size. Staff added items to a daily list and these were discussed as they arose.

### Learning and improvement

The practice showed a commitment to learning and improving and valued the contributions made to the team by all staff.

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of X-rays. We observed that there were no identified learning outcomes associated with these to encourage continuous improvement. The principal dentist assured us they would review this. We reviewed the infection control audit. We saw that there was an associated action plan in place for improvements to the infection prevention and control systems.

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

## Are services well-led?

The practice gathered feedback from staff through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.