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Waters Green Dental and Implant Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 4 January 2017 to ask the practice the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was 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 Green Dental and Implant Clinic is located close to the centre of Macclesfield and comprises a reception and waiting room, and a treatment room all at ground floor level. Parking is available on nearby streets and in car parks. The practice is accessible to patients with disabilities, limited mobility, and to wheelchair users. The provider has been providing a dental service at this location since 2013.

The practice provides general dental treatment to patients on a privately funded basis. The practice is open Monday and Friday 9.00am to 5.00pm, Tuesday 11.00am to 8.00pm, Wednesday 9.00am to 7.00pm, Thursday 9.00am to 8.00pm and Friday 9.00am to 5.00pm. The practice is staffed by a principal dentist, a dental hygienist/therapist and two dental nurse / receptionists.

The principal dentist is registered with the Care Quality Commission as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from five people during the inspection about the services provided. Patients

Summary of findings

commented that they found the practice excellent and that staff were professional, helpful and responsive. Patients commented that the practice was clean and comfortable.

Our key findings were:

- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- The premises and equipment were clean and secure.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards, and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Patients were treated with kindness, dignity, and respect, and their confidentiality was maintained.
- The appointment system met the needs of patients, and emergency appointments were available.
- Reasonable adjustments were made to enable patients to receive their care and treatment.
- Staff were supervised, felt involved, and worked as a team.
- Governance arrangements were in place for the running of the practice but were not all operating effectively.
- The practice did not have a procedure in place to record and analyse significant events and incidents.
- Staff were aware of the processes to follow to raise concerns, but had not received safeguarding training.
- Staff followed current infection control guidelines for decontaminating and sterilising instruments but sterilisation equipment was not always checked for proper functioning.
- Staff were supported to deliver effective care, and opportunities for training and learning were available but the provider did not monitor this to ensure essential training had been completed.

We identified regulations that were not being met and the provider must:

- Ensure arrangements are implemented to receive and respond to patient safety alerts, recalls and rapid

response reports issued by the Medicines and Healthcare products Regulatory Agency and through the Central Alerting System, as well as from other relevant bodies such as, Public Health England.

- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure the practice's infection control procedures and protocols are suitable having due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Ensure waste is segregated and disposed of in accordance with relevant regulations and having due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01), specifically in relation to gypsum and local anaesthetic cartridges.
- Ensure that the practice is in compliance with its legal obligations under the Ionising Radiations Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000.
- Ensure the quality and safety of the service is assessed and monitored, for example, by carrying out regular audits of various aspects of the service, such as radiography and infection control. The provider should also ensure that audits have documented learning points, where relevant, and resulting improvements can be demonstrated.
- Ensure an effective system is implemented for the recording, investigating and reviewing significant events and complaints with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Ensure staff are up to date with their training and their continuing professional development to support dental professionals in meeting the requirements of their regulator, the General Dental Council.
- Ensure robust procedures to protect people are implemented and ensure all staff are trained in safeguarding children and vulnerable adults to an appropriate level for their role and aware of their responsibilities.
- Ensure recruitment procedures are operated effectively in accordance with Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities)

Summary of findings

Regulations 2014 and ensure employment checks are carried out for all staff and the required specified information in respect of persons employed by the practice is available.

There were areas where the provider could make improvements and should:

- Review the storage of dental care records to ensure all components are stored securely.
- Review the practice's complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by patients.
- Introduce a system to seek the views of stakeholders about all aspects of service delivery.

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 providing safe care in accordance with the relevant regulations.

The premises was spacious, secure and properly maintained. The practice was cleaned regularly and there was a cleaning schedule in place identifying tasks to be completed.

The practice had emergency medicines and equipment available, including an automated external defibrillator. Staff were trained in responding to medical emergencies.

We saw that staff were registered with their professional body, the General Dental Council, and had indemnity insurance in place. Disclosure and Barring checks had been carried out for all staff.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

The provider did not have procedures in place to report and learn from significant events, incidents and accidents.

Staff were aware of how to identify and follow up on abuse but they had not received formal training in relation to safeguarding.

Staff were largely following current guidance for the decontamination and sterilisation of instruments but there were no documented procedures for staff to follow to assist them in the performance of these tasks. No method was in place to ensure the sterilising equipment was continuously functioning correctly.

Most equipment used in the practice, including medical emergency equipment had been appropriately tested and maintained but the X ray machine had not been tested within the recommended period.

No action



Are services effective?

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

The practice followed current guidelines when delivering dental care and treatment to patients.

Patients' medical history was recorded at their initial visit and updated at subsequent visits. The dentist carried out an assessment of the patient's dental health. Patients were given a written treatment plan which detailed the treatments considered and agreed, together with the fees involved. Patients' consent was obtained before treatment was provided; and treatment focused on the patients' individual needs.

No action



Summary of findings

Staff provided oral health advice to patients and monitored changes in their oral health. Patients were referred to other services, where necessary, in a timely manner.

Qualified staff were registered with their professional body, the General Dental Council. Staff received some training to assist them in carrying out their roles but no monitoring was in place to ensure staff were meeting the requirements of their professional regulator.

Are services caring?

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

Patients commented that staff were caring and friendly. They told us they were treated with respect, and that they were happy with the care and treatment given.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease.

The practice had separate rooms available if patients wished to speak in private.

We found that treatment was clearly explained, and patients were given time to decide before treatment was commenced. Patients commented that information given to them about options for treatment was helpful.

No action



Are services responsive to people's needs?

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day. The practice opening hours and the 'out of hours' appointment information was provided at the entrance to the practice, in the practice leaflet, and on the practice website.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentists to identify patients' specific needs and direct treatment to ensure the best outcome was achieved for the patient.

The provider had designed and furnished the premises to take into account the needs of different groups of people, for example, people with disabilities and people whose first language was not English. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records.

The practice had a complaints policy in place however it was not made readily available to patients. Complaints were investigated and responded to in line with the policy.

No action



Summary of findings

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 Requirement Notices at the end of this report).

Staff were aware of the importance of confidentiality and understood their roles in this.

The provider had systems and processes in place for monitoring and improving services however these were not all operating effectively, for example, the monitoring of safety, particularly in relation to significant events, safeguarding, radiology and infection control.

The provider had a limited range of policies and procedures in place to guide staff in the performance of their duties but most had not been customised to the practice's specific circumstances.

The provider had risk assessed some of the aspects of running a dental service to ensure that the service was delivered safely, however not all measures had been put in place to mitigate these risks.

Dental care records were detailed. Improvements were needed to the storage of the some parts of the paper records.

Staff told us they felt valued and involved. They were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on, but no formal staff meetings were held to share information and learning.

The provider did not have any means in place to monitor quality and performance at the practice and improve the service, for example, via the analysis of patient feedback, carrying out audits, and the analysis of complaints.

Requirements notice

Waters Green Dental and Implant Clinic

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 4 January 2017 and was led by a CQC Inspector with remote access to a dental specialist adviser.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last 12 months, their latest statement of purpose, and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

During the inspection we spoke to the dentist and the dental nurses/receptionists. We reviewed policies, protocols and other documents and observed procedures. We also reviewed CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided at the practice.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The provider did not have a procedure in place to report, record, analyse, and learn from significant events and incidents. Staff were unsure as to what could constitute a significant event. We discussed examples of significant events which could occur in dental practices.

Staff had an understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 but were not aware of how and what to report.

The provider did not have a procedure in place to record and investigate accidents. Staff told us no accidents had happened since the practice opened.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

The practice did not receive safety alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health. These alerts identify problems or concerns relating to medicines or equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza. The provider had no knowledge of any recently issued alerts. The provider assured us arrangements would be put in place to receive these.

Reliable safety systems and processes (including safeguarding)

The provider did not have a whistleblowing policy or procedures in place to enable staff to raise concerns but staff were aware of how to raise concerns should they arise.

Staff were aware of how to identify abuse and follow up on concerns in relation to safeguarding children and vulnerable adults. Local safeguarding authority's contact details for reporting concerns and suspected abuse to were available at reception. The provider had undertaken training in safeguarding children in 2012 which was not within the recommended time period of three years. Staff had not received formal training in safeguarding.

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients'

safety and welfare. Patients completed a medical history form at their first visit and this was reviewed by the clinician at subsequent visits. The dental care records we looked at were well structured and detailed.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. Staff had received training in medical emergencies and life support as a team and this was updated annually, but one member of staff had not received this training since July 2015. We saw that arrangements had been made for the practice to receive first aid training.

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK and British National Formulary guidelines. Staff had access to an automated external defibrillator (AED) on the premises, in accordance with Resuscitation Council UK guidance and the General Dental Council standards for the dental team. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). We saw records to show that the medicines and equipment were checked regularly.

The practice stored emergency medicines and equipment centrally and staff were able to tell us where they were located.

Staff recruitment

The provider used the skill mix of staff in a variety of clinical roles, for example, a dentist, a dental hygienist / therapist and dental nurses, to deliver care in the best possible way for patients.

The provider did not have a recruitment policy in place but maintained recruitment records for each member of staff. We reviewed the record for the newest member of staff and saw that not all the prescribed information was present. No employment history, no evidence of qualifications and no references had been obtained. The provider told us he kept some of the information securely away from the premises. We also reviewed records for two staff who had joined the practice in 2013. These records did not contain, for example, photographic identification or evidence of qualification.

Are services safe?

We saw evidence of registration with their professional body, the General Dental Council, indemnity insurance, and evidence that Disclosure and Barring checks had been carried out for all three staff.

The provider told us staff recruitment and employment records were stored off the premises to prevent unauthorised access.

The practice had an induction programme in place for new staff to familiarise them with practice policies and procedures.

Monitoring health and safety and responding to risks

The provider had some risk assessments in place but they were generic and not customised to the practice's individual circumstances.

We reviewed the practice's control of substances hazardous to health risk assessment. Staff maintained records of most products used at the practice, for example dental materials and cleaning products, and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, spillage, accidental swallowing, or contact with the skin. However the provider had not put in place all reasonable measures to reduce risks associated with these products, for example, warning signs were not displayed in relation to the oxygen cylinder.

The provider had implemented measures to mitigate the risks associated with the use of sharps, for example, a safer sharps system for the control of used needles. The provider told us only the clinicians dismantled and disposed of sharps and this was confirmed by staff. Sharps bins were suitably located in the clinical areas to allow appropriate disposal.

The provider had documented the procedure to follow in the event of an injury from a sharp instrument. The procedure was displayed in the decontamination room for quick reference. Staff were familiar with the procedure and able to describe the action they would take should they sustain an injury.

The provider did not ensure that clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the

risks of acquiring blood borne infections. The provider told us documentation relating to the Hepatitis B vaccination was retained off the premises. We saw evidence that one of the three staff had received a Hepatitis B vaccination, but no evidence of the effectiveness of the vaccination for all the staff. The provider did not have a risk assessment in place in relation to staff working in a clinical environment where their immunisation status was unknown.

We saw that a fire risk assessment had been carried out in 2013. The provider had arrangements in place to mitigate the risks associated with fire, for example, safety signage was displayed, fire-fighting equipment was available, and fire drills were carried out regularly. We observed there were actions identified in the assessment which had not been carried out, for example, the assessment identified, as a high priority action, that additional signs should be placed to assist in locating the fire exit. Staff were familiar with the evacuation procedure to be followed in the event of a fire.

Infection control

The provider undertook the lead role for infection prevention and control and had undertaken training for this role.

The provider did not have an infection prevention and control policy in place, nor any procedures to guide staff in undertaking decontamination and cleaning tasks. No infection prevention and control audits were carried out in accordance with current guidelines.

We observed that there were adequate hand washing facilities available in the treatment room, the decontamination room, and in the toilet facilities. Hand washing protocols were displayed appropriately near hand washing sinks.

We observed the decontamination process and found it to be largely in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM 01-05). We observed some deviations from the guidance, for example, the provider did not have long-handled brushes available for use in the manual cleaning of instruments.

Are services safe?

The practice had a dedicated decontamination room. Current security arrangements would not prevent access to unauthorised persons, for example, the door to the room was always left open and the room was not permanently staffed.

The decontamination room and treatment room had clearly defined dirty and clean zones to reduce the risk of cross contamination. Staff used sealed containers to transfer used instruments from the treatment room to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging, and storing of instruments to minimise the risk of infection. We observed that staff were not all following the guidance on the use of personal protective equipment during the decontamination of instruments, for example face protection was not worn.

We observed that instruments were stored in drawers in the treatment room. We looked at the packaged instruments in these drawers and found that the packages were sealed and marked with an expiry date which was within the recommendations of the Department of Health.

Staff showed us the systems in place to ensure the decontamination process was tested, and decontamination equipment was checked, tested and maintained in accordance with the manufacturer's instructions and HTM 01-05. We observed that neither of the autoclaves were equipped with means for verifying correct functioning for every load. Staff verified correct functioning of the sterilisers at the start and end of the day only.

Staff changing facilities were available and staff only wore their uniforms inside the practice.

The provider had had a Legionella risk assessment carried out in 2013 to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Actions to reduce the likelihood of Legionella developing were identified in the assessment and these had been carried out by staff, for example, we saw records of checks on water temperatures. Staff described to us the procedures for the cleaning and disinfecting of the dental water lines and suction equipment. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

The treatment room had sufficient supplies of personal protective equipment for staff and patient use.

The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be completed and timescales for their completion. Cleaning of all areas of the practice was the responsibility of the staff. We observed that the practice was clean, and the treatment room and the decontamination room were clean and uncluttered. The practice mostly followed current HTM 01 05 guidance on cleaning but we observed that cleaning equipment was not stored appropriately.

The segregation and disposal of dental waste was not fully in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for some types of dental waste to be removed from the premises by a contractor, but not for others. Used local anaesthetic cartridges were disposed of into the 'soft' waste and no segregation of gypsum was carried out. We observed that clinical waste awaiting collection was stored in a staff only designated area.

Equipment and medicines

Staff showed us the recording system for the prescribing, storage, and stock control of medicines.

We saw contracts for the maintenance of equipment, and recent test certificates for the decontamination equipment. The practice carried out regular portable appliance testing, (PAT). PAT is the name of a process under which electrical appliances are routinely checked for safety.

We saw records to demonstrate that fire detection and fire-fighting equipment, for example, the fire alarm and extinguishers were regularly checked and tested.

Radiography (X-rays)

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor.

We saw that the Health and Safety Executive had been notified of the use of X-ray equipment on the premises.

We saw a critical examination pack for the X-ray machine. We observed that the last test on the X-ray machine had

Are services safe?

been carried out in June 2013 which was not within the recommended testing period of three years. The provider immediately contacted the Radiation Protection Adviser for advice on arranging routine testing.

The practice used digital radiography which assists in reducing patient exposure to X-rays.

We observed that local rules were displayed in areas where X-rays were carried out. These included specific working instructions for staff using the X-ray equipment.

Records confirmed that X-rays were justified, graded and reported on. The provider did not carry out any radiological auditing.

We saw evidence of radiology training for relevant staff in accordance with IR(ME)R requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist carried out consultations, assessments, and treatment in line with current National Institute for Health and Care Excellence guidelines, Faculty of General Dental Practice, (FGDP), guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention', and General Dental Council guidelines. The dentist described to us how examinations and assessments were carried out. Patients completed a medical history form with details of their health. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following the examination the diagnosis was discussed with the patient and treatment options and costs explained. Follow-up appointments were scheduled to individual requirements.

We checked dental care records to confirm what was described to us and found that the records were complete, clear, and contained sufficient detail about each patient's dental treatment. Details of medicines used in the dental treatments were recorded which would enable a specific batch of a medicine to be traced to the patient in the event of a safety recall or alert in relation to a medicine.

We saw patients' signed treatment plans containing details of treatment and associated costs.

We saw that the dentist used current guidelines issued by the National Institute for Health and Care Excellence Dental checks: intervals between oral health reviews to assess each patient's risks and needs, and to determine how frequently to recall them.

Health promotion and prevention

We saw that staff adhered to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. Clinicians gave tailored preventive dental advice, and information on diet, and lifestyle to patients in order to improve their health outcomes. Where appropriate, fluoride treatments were prescribed.

Staffing

We observed that staff had the skills, knowledge, and experience to deliver effective care and treatment.

New staff and trainees undertook a programme of training and supervision before being allowed to carry out any duties at the practice unsupervised.

The provider did not carry out formal staff appraisals but staff confirmed issues could be raised and discussed at any time with the provider. Staff confirmed they were encouraged to identify training needs and were supported to undertake training.

The provider had undertaken postgraduate training in implantology and obtained a qualification in this.

All qualified dental professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. Registration requires dental professionals to be appropriately qualified and to meet the requirements relating to continuing professional development, (CPD). We saw that the qualified dental professionals were registered with the GDC.

The GDC highly recommends certain core subjects for CPD, such as medical emergencies and life support, safeguarding, infection prevention and control, and radiology. The provider supported the staff in undertaking training and obtaining qualifications, but did not monitor training to ensure essential training was completed each year, including the General Dental Council core topics.

Working with other services

We reviewed the practice's arrangements for referrals. Clinicians were aware of their own competencies and knew when to refer patients requiring treatment outwith their competencies. The dentist referred patients to a variety of secondary care and specialist options as appropriate. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines. Referral outcome letters were first seen by the dentist to see if any action was required and then stored in the patient's dental care records.

Referrals were made to secondary care services if the treatment required was not provided by the practice or in response to patient preference.

Consent to care and treatment

The dentist described how they obtained valid, informed, consent from patients by explaining their findings to them and keeping records of the discussions. Patients were given

Are services effective?

(for example, treatment is effective)

a treatment plan after consultations and assessments, and prior to commencing dental treatment. The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. The signed treatment plan and consent form were retained in the patients' dental care records. The plan and discussions with the clinicians made it clear that a patient could withdraw consent at any time, and that they had received an explanation of the type of treatment, including the alternative options, risks, benefits, and costs.

The dentist described to us how they obtained verbal consent at each subsequent treatment appointment. We saw this confirmed this in the dental care records we looked at.

Treatment costs were displayed in the waiting room along with comprehensive information on dental treatments to assist patients with treatment choices. The dentist also used a visual display in the treatment room to assist patients in understanding treatment options.

The dentist explained that they would not normally provide treatment to patients on their examination appointment unless they were in pain, or their presenting condition dictated otherwise. We saw that the dentist allowed patients time to think about the treatment options presented to them.

The dentist demonstrated an understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment). The dentist told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken.

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The dentist had an understanding of the principles and application of the MCA.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with respect, and staff were friendly and helpful. The practice had a separate room available should patients wish to speak in private. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment.

We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

Involvement in decisions about care and treatment

The dentist discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people.

The practice was well maintained and provided a comfortable environment. The provider had a maintenance programme in place to ensure the premises was maintained to a high standard on an on-going basis.

We saw that the clinicians tailored appointment lengths to patients' individual needs and patients could choose from morning, afternoon and evening appointments.

The provider told us they had not sought the views of patients when planning and delivering the service.

Tackling inequity and promoting equality

The provider had designed and furnished the premises to take into account the needs of different groups of people, for example, people with disabilities and people whose first language was not English.

The practice was accessible to people with disabilities, limited mobility, and to wheelchair users. Parking was available in car parks near the premises. The entire practice was located at ground level and the provider had installed automatic doors at the entrance to the practice operated by a push button.

A section of the reception desk was at a suitable height for wheelchair users. Toilet facilities were situated on the ground floor and were accessible to people with disabilities, mobility difficulties and to wheelchair users.

The practice offered interpretation services to patients whose first language was not English and to patients with impaired hearing.

The practice made provision for patients to arrange appointments by telephone or in person, and patients could choose to receive appointment reminders by a variety of methods. Where patients failed to attend their dental appointments, staff contacted them to re-arrange the appointment and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment.

Access to the service

We saw that patients could access treatment and care in a timely way. The practice opening hours were displayed at the entrance to the practice, in the practice leaflet, and on the practice website. Emergency appointments were available daily and information in relation to this was provided on the telephone answering service.

Concerns and complaints

The practice had a complaints policy and procedure which included details of the further steps people could take should they be dis-satisfied with the practice's response to their complaint. The complaints procedure was not made readily available to patients, for example, by displaying it on the premises or on the practice's website. We saw that complaints were promptly investigated and responded to but the provider had not carried out any analysis of complaints or identified any learning outcomes.

Are services well-led?

Our findings

Governance arrangements

We reviewed the provider's systems and processes for monitoring and improving the services provided for patients and found not all of these were operating effectively, for example the provider had a limited range of policies and procedures in place to guide staff in the performance of their duties and ensure consistency and safety in the delivery of the service, for example, no safeguarding policy, no recruitment policy, no health and safety policy.

The provider had arrangements in place to ensure most risks were identified and managed and had put some measures in place to mitigate risks. Not all reasonably practical measures were in place to mitigate risks, for example, the use of personal protective equipment and the display of warning signs. The provider had not customised some of the risk assessments to the practice's specific circumstances. No risk assessment was in place in relation to staff working in a clinical environment prior to the effectiveness of vaccinations being established.

We saw that those risk assessments and policies which were in place were not dated and not regularly reviewed to ensure they were up to date with regulations and guidance, for example, the legionella risk assessment had not been reviewed.

The provider did not use means to monitor quality and performance and improve the service, for example, via the analysis of patient feedback, carrying out audits, and the analysis of complaints. Some mandated audits were not being undertaken, for example, radiology and infection control.

Dental professionals' continuing professional development was not monitored by the provider to ensure they were meeting the requirements of their professional registration with the General Dental Council. Staff were supported to meet the requirements by the provision of some of the essential training but some recommended training had not been provided, for example, in relation to safeguarding.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained on paper

and electronically. Paper records, for example, consent forms and referral letters were stored out of view on open shelves. Electronic records were password protected and data was backed up daily.

Leadership, openness and transparency

The provider did not have systems in place to support communication about the quality and safety of the service for patients.

The practice did not hold formal staff meetings. Staff told us that as it was a small practice issues were discussed and resolved as they arose.

The practice was managed by the provider. One of the dental nurses undertook some practice management responsibilities and was scheduled to undertake study for a practice management qualification. We saw that staff had access to suitable supervision and support in order to undertake their roles. Staff were aware of their own competencies, skills, and abilities.

The provider operated an open door policy. Staff said they could speak to the provider if they had any concerns. Staff confirmed their colleagues were supportive.

Learning and improvement

The provider did not use quality assurance measures, for example, auditing, to encourage continuous improvement in all aspects of service delivery.

The provider did not gather information on the quality of care for use in evaluating and improving the service, but staff told us that patients were always able to provide verbal feedback although this was not recorded.

The provider did not have systems in place to share learning and to inform and improve future service delivery, for example, through learning from complaints.

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

The provider did not have a system in place to seek the views of patients about all areas of service to identify areas for improvement.

Staff told us they felt valued and involved. They were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Staff said they were encouraged to challenge any aspect of practice which caused concern.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not provide care and treatment in a safe way for service users.</p> <ul style="list-style-type: none">• Patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency and through the Central Alerting System, as well as from other relevant bodies such as, Public Health England were not received by the provider.• The provider had not acted on all the recommendations in the fire risk assessment and not all staff were adhering to personal protective equipment guidance when decontaminating instruments.• The provider was not segregating gypsum and used local anaesthetic cartridge waste appropriately.• The X-ray machine had not been tested within the recommended time period of three years. <p>Regulation 12 (1)</p>
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>How the regulation was not being met:</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at the Waters Green Dental and Implant Clinic were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Requirement notices

- Assessments, for example, audits of infection prevention and control and radiology had not been carried out to monitor and improve the quality and safety of the service.
- No established system or process was in place to improve the quality and safety of the service, for example, by the analysis of significant events and complaints.
- No established systems or processes for monitoring that registered dental professionals continue to meet the professional standards of the General Dental Council were in place, particularly in relation to core continuing professional development training.
- The provider was not assessing, monitoring and mitigating all the risks arising from undertaking of the regulated activities, for example, by introducing procedures and risk assessments to guide staff in the performance of their duties and ensuring these are customised to the practice's specific circumstances.
- The provider did not have robust safeguarding procedures in place to make sure people were protected.
- No assessment was in place to assess, monitor and mitigate the risks to the health of staff and service users from working in direct contact, prior to the effectiveness of staff Hepatitis B vaccinations being determined.

Regulation 17 (1)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

- The provider was not operating the recruitment procedures effectively by carrying out checks to ensure that persons employed met the conditions in Regulation 19(1).

Regulation 19 (1) & (2)

- The provider did not have all the information specified in Schedule 3 to the Regulations available for staff employed.

This section is primarily information for the provider

Requirement notices

Regulation 19 (3)