

Mr Neil Waters

Waters Dental Practice

Inspection Report

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Overall summary

We undertook a focused inspection of Waters Dental Practice on 3 October 2018. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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

We undertook a comprehensive inspection of Waters Dental Practice on 29 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe and well led care in accordance with the relevant regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Waters Dental Practice on our website www.cqc.org.uk.

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

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

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 29 November 2017.

Are services well-led?

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

The provider had made improvements in relation to the regulatory breach/es we found at our inspection on 29 November 2017.

Background

Waters Dental Practice is in Worcester Park and provides NHS and private treatment to adults and children.

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 one dentist, one dental nurse, and a receptionist. The practice has one treatment room.

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.

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

The practice is open:

Our key findings were:

- The provider had arrangements in place to receive and respond to patient safety alerts from Medicines and Healthcare products Regulatory Agency (MHRA).
- The provider had reviewed systems for checking and monitoring equipment and servicing of equipment. Logs were in place to check equipment and they had all been serviced in line with manufacturers guidelines
- Dental care records we reviewed demonstrated that the dentist was taking into account guidance provided by the Faculty of General Dental Practice with regard to clinical examination and record keeping.
- The practice had processes in place to identify interpreters if required for patients.
- The practice had reviewed systems in place for training. Staff had access to and had completed training in line with expectations
- Staff were aware of their responsibilities under the Duty of Candour.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

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

No action



Are services well-led?

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

The provider had made improvements to the management of the service. This included providing additional staff time available for management and administration, establishing clear roles and responsibilities for all the practice team. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services safe?

Our findings

At our previous inspection on 29 November 2017 we judged the practice was not providing safe care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 3 October 2018 we found the practice had made the following improvements to comply with the regulation(s):

- The practice had suitable arrangements for safeguarding patients from abuse. The safeguarding policy had been updated and the practice had details of the local authority readily available to report any concerns they may have.
- The nurse had completed medical emergencies training. Training was still outstanding for the receptionist however we saw that this was booked and due to be completed soon.

- The missing items from the previous inspection had been replaced and all medical emergencies medicines were available. The practice still did not have a defibrillator however they had a risk assessment in place which they thought was sufficient to deal with medical emergencies. We still encouraged the practice to refer to the resuscitation Council guidance relating to the availability of a defibrillator in medical settings)
- Portable appliance testing had been carried out on appliances
- The practice had and were displaying certification for employers' liability insurance
- Dental lines were being flushed in accordance with guidance. A Legionella risk assessment was booked for the following week.

These improvements showed the provider had taken action to comply with the regulation(s): when we inspected on 3 October 2018.

Are services well-led?

Our findings

At our previous inspection on 29 November 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 3 October 2018 we found the practice had made the following improvements to comply with the regulation(s):

- Processes had been implemented for policies and procedures relating to health and safety to be followed. Servicing and testing had been carried out for equipment such as the autoclave and pressure vessel.

Fire equipment had been serviced and the provider had a system in place for the on-going monitoring of these items of equipment. Some risk assessments had not been completed but we saw that they were booked and due to be completed in the next few weeks.

- Systems were in place for monitoring staff training. We saw evidence of training staff had completed since our last visit.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation(s): when we inspected on 3 October 2018.