

Mr Roman Kartojsky

Waters Green Dental and Implant Clinic

Inspection report

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Overall summary

We undertook a follow-up, desk-based review of Waters Green Dental and Implant Clinic on 6 July 2020. This review was carried out to look in detail at the actions taken by the provider to improve the quality of care, and to confirm whether the practice was now meeting legal requirements.

The review was led by a CQC inspector with remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Waters Green Dental and Implant Clinic on 12 February 2020 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

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

We found the provider was not providing safe and well-led care and was in breach of regulations 12, 16, 17, 18 and 19 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 Green Dental and Implant Clinic on our website .

When one or more of the five questions are not met, we require the provider to make improvements. We then inspect again after a reasonable interval, focusing on the areas in which improvement was necessary. Due to the constraints in place because of the Covid-19 pandemic the review was desk-based. As part of the review we looked at the provider's action plan and evidence sent to us to support the action plan.

As part of this review we asked:

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

Our findings were:

Are services safe?

Summary of findings

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 identified at our inspection on 12 February 2020.

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 breaches we identified at our inspection on 12 February 2020.

Background

Waters Green Dental and Implant Clinic is near the centre of Macclesfield. The practice provides private dental care for adults and children.

There is level access to the practice for people who use wheelchairs and for people with pushchairs.

Car parking is available near the practice.

The dental team includes two dentists, a dental hygiene therapist, and three dental nurses. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

The practice is open:

Monday, Wednesday and Friday 9.00am to 5.00pm

Tuesday and Thursday 10.00am to 7.00pm

Our key findings were :

- The provider had acted to reduce risks further in relation to fire, and the use of sharp instruments.

- The provider had improved their recruitment processes and had obtained the required staff information.
- The provider had acted to improve their systems for ensuring quality and safety in the practice, including in relation to checking of medical emergency equipment, safeguarding vulnerable adults and children, and communicating information to staff.
- The provider had reviewed staff training. Staff had completed the training recommended by their professional regulator.
- The provider had improved their systems for ensuring good governance. It was not possible at this stage to determine whether these improvements would be sustained in the longer term.

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

- Improve the practice's systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, consider action to be taken where staff Hepatitis B vaccination results are unknown or where staff have not yet completed the vaccination course.
- Improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and Gillick competence and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Take action to ensure all clinicians are aware and take account of relevant nationally recognised evidence-based guidance.
- Take action to ensure the resulting improvements identified from carrying out audits can be demonstrated.
- Improve the practice's arrangements to ensure good governance and leadership are sustained in the longer term.

Summary of findings

The five questions we ask about services and what we found

Are services safe?

No action



Are services well-led?

No action



Are services safe?

Our findings

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

At our comprehensive inspection on 12 February 2020 we found the provider was not complying with the relevant regulations. We judged the practice was not providing safe care and told the provider to take action.

At the follow-up desk-based review on 6 July 2020 we found the provider had made the following improvements to comply with the regulations and to ensure care and treatment were provided in a safe way for service users.

- The provider had obtained safer local anaesthetic delivery equipment and local anaesthetic needle re-sheathing devices and had made these available in the practice to reduce the risk of injury to staff and to assist in preventing the spread of infection.
 - The provider sent us evidence to demonstrate that a further two staff members were adequately protected against the Hepatitis B virus, and evidence that a temporary member of staff had received the Hepatitis B vaccination. We found the provider had not checked the effectiveness of the vaccination in this member of staff nor assessed the risks associated with this member of staff working in a clinical environment, however the provider told us this member of staff no longer worked at the practice.
 - The provider sent us evidence to demonstrate that the practice's permanent staff had been trained in sepsis awareness in November 2019. Three of the staff had completed additional training recently. The provider had obtained a protocol for staff to follow in managing patients with dental infections. This included pointers to assist staff with the recognition, diagnosis and early management of sepsis.
 - We found the provider had ensured staff were up to date with their professional regulator's recommended training including in medical emergencies, safeguarding, and disinfection and decontamination. The provider sent us evidence to confirm this.
 - The provider had acted to further reduce risk in relation to fire. The provider sent us evidence that cardboard boxes had been removed from the room in the practice which housed the boiler, compressor and other electrical equipment. Staff had been reminded by the provider not to store combustible items in the room due to the potential risk of fire.
- The provider sent us evidence to confirm that additional signs had been placed in the practice to help people identify the direction of the fire exit.
- The provider had arranged for a fixed electrical installation inspection to be carried out at the practice. We saw the inspection certificate which confirmed the installation was satisfactory.
- We reviewed the provider's procedures for ensuring only fit and proper persons were employed and to ensure the required information was available for all staff working at the practice.
- We found the provider and the member of staff assisting with compliance at the practice had completed training to familiarise themselves with the requirements of the relevant regulation.
 - The provider told us they had improved their recruitment process for temporary and permanent staff. The provider sent us evidence that a pre-employment checklist had been implemented at the practice to ensure the necessary checks would be carried out and required information obtained. The provider sent us evidence that they had subscribed to an online system for carrying out Disclosure and Barring Service checks which would allow these checks to be carried out in a timely way.
 - We found that the provider had obtained some of the required missing staff information, including photographic evidence of identity for two members of staff, and evidence of satisfactory conduct in previous employment for one member of staff.
- These improvements showed the provider had acted to comply with the regulations.

Are services well-led?

Our findings

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

At our comprehensive inspection on 12 February 2020 we found the provider was not complying with the relevant regulations. We judged the practice was not providing well-led care. We told the provider to take action as described in our enforcement action.

At our follow-up desk-based review on 6 July 2020 we found the provider had made improvements to ensure that they were operating their systems and processes 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.

We looked at the provider's systems and processes for assessing, monitoring and improving the quality and safety of the services provided.

- We reviewed the provider's system for checking the availability, correct functioning and expiry dates of the medical emergency equipment and medicines. The provider had replaced or obtained any expired or missing recommended medical emergency equipment and sent us evidence to confirm this had been done. The provider told us they now have a checklist in place, and expiry dates of the medical emergency equipment are checked every week. The Automated External Defibrillator, (AED), is also checked weekly to ensure that it is in working order and this check is recorded.
- We reviewed the provider's system for monitoring staff training. The provider told us they had made improvements to their system for monitoring staff training. Continuing professional development logs had been implemented for staff to record when training had been completed, and the associated certificates were stored in staff records. The provider told us they had implemented annual staff appraisals. We saw the appraisal template included a section for identifying individual training needs.

The practice's recruitment checklist also contained requirements to ensure specific recommended training had been completed.

We reviewed the provider's means for ensuring staff had completed the recommended continuing professional

development in accordance with their professional regulator's recommendations. We found that although the provider had made improvements to the monitoring of staff training the provider did not explain to us how they would identify when training was due for each member of staff.

The provider told us they encouraged and supported staff to learn new skills, for example, dental nurse qualifications, dental implant nursing training, infection prevention and control lead role training, and practice management study. Paid study leave was provided where appropriate. The provider also organised training for the whole practice team, for example medical emergencies training, and supported staff to access online continuing professional development training.

We saw that the provider had arranged support for staff involved in compliance work, including access to the British Dental Association's resources, policies and procedures, and from the dental practice compliance organisation which the provider had subscribed to. The provider told us they would retain oversight of compliance.

- We found the provider had improved their system for ensuring equipment, including the X-ray machines, air compressors and instrument sterilisers, was inspected, tested and serviced at the recommended time intervals. The provider had subscribed to a dental compliance system. We saw the system included reminders and alerts for due dates for the servicing and testing of equipment.
- We saw the provider had reviewed and updated their safeguarding children and adults in vulnerable circumstances policy and produced a protocol to guide staff in acting appropriately should children not be brought to their dental appointments.
- We found that although the provider's recruitment policy and procedures had been improved, improvement could only be confirmed when a new member of staff is recruited.
- We found the provider had improved their systems for communicating information to, sharing learning with, and obtaining feedback from staff. The provider told us practice meetings were now scheduled monthly and sent us copies of the minutes from the previous three online meetings.

Are services well-led?

- We found the provider had familiarised themselves with relevant legislation, including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and with nationally recognised guidance, including guidance from the General Dental Council, the Resuscitation Council (UK), and the Faculty of General Dental Practice (UK). The provider sent us evidence to confirm improved understanding. For example, the provider had completed online continuing professional development in relation to clinical audit, record-keeping, and complaints handling, and had followed this up by completing a variety of audits. The audits demonstrated there had been improvements in the knowledge of the provider to understand what changes were required.
- The provider had acted on the feedback from our comprehensive inspection on 12 February 2020, on recommendations in guidance, and from the reports of external assessors. For example, we saw the provider had made information about instrument processing and infection prevention and control procedures more accessible to staff, and we saw the provider had obtained a vacuum instrument steriliser in line with best practice guidance for practices placing dental implants.

We reviewed the provider's systems and processes for assessing, monitoring and mitigating the risks relating to the health, safety and welfare of service users and others who may be at risk.

- The provider told us that their existing induction protocol and proforma would be used for staff commencing employment at the practice in all roles and for locum staff. The practice did not have any locum staff at present, but the provider assured us that all future locum and permanent staff would have documented training, including on how to operate the practice's equipment safely, infection prevention and control protocols, and fire evacuation training.
- We saw the provider's 'sharps' policy, risk assessment and protocol which identified that needle-guards must be used when re-sheathing needles.
- We reviewed the provider's arrangements for assessing and monitoring fire risk. The provider had arranged for

an external fire safety organisation to carry out a review of the practice's fire risk assessment in June 2020 to include a review of the practice's Covid-19 procedures in preparation for staff returning to work.

- We reviewed the provider's system for ensuring staff had received the Hepatitis B vaccination, and for checking its effectiveness. The provider told us that Hepatitis B antibody levels would be routinely checked for all members of permanent staff and locums. We saw that reference to this had been made on the recruitment checklist however the provider did not tell us what action would be taken where the vaccination result was unknown or where staff had not yet completed the vaccination course.

We reviewed the provider's systems and processes for evaluating and improving the practice.

- We found that the provider had improved their mechanisms for encouraging improvement and ensuring that their governance systems remained effective. For example, the provider had carried out a variety of audits including of X-rays taken, access, antibiotic prescribing, infection prevention and control, waste, and clinical record-keeping. We saw the audits identified learning points and contained action plans. Repeat audits were scheduled to ensure learning and improvement were continuous. We were not provided with evidence as to whether improvements had been made where actions had been identified, for example, in relation to record-keeping.
- We saw the provider had subscribed to a dental compliance system to help set up and maintain the practice's compliance systems and ensure good governance, including in the areas of medical emergencies protocol, significant events, duty of candour, complaint management, safeguarding, and evaluating and improving the service. The system also included practice management support to assist with the employment of staff, team leading, and staff personal development. We saw that key dates for compliance activities were scheduled in an interactive calendar to ensure obligations were met on time.
- We found the provider engaged with their professional organisation, the British Dental Association and sought their views, guidance and advice.

Are services well-led?

- The provider had introduced an anonymous feedback form for staff to suggest what they would like to change or improve in the practice.
- We looked at the arrangements for identifying, receiving, and recording complaints made by service users and others. We found the provider had displayed details for service users as to how to make a complaint and that this included details of external organisations people could contact should they not wish to approach the practice initially or directly. The provider told us they had implemented a system for recording verbal complaints, and that they actively encouraged patients to complete feedback forms.

The recent reduction in dental activity at the practice in line with national Covid-19 guidance gave the provider an opportunity to review their processes and make changes and improvements.

The improvements made show the provider has acted to improve the quality of services for patients and to comply with the regulations. The provider has demonstrated a more organised approach.

Although the provider has acted on the issues identified at the comprehensive inspection as contributing to the breaches and provided us with evidence of improvements to their systems, we are unable at this stage to confirm whether the provider has improved their systems sufficiently to ensure that in the longer-term their systems and processes would prevent such issues re-occurring.

We will continue to monitor the practice to confirm whether the improvements are sustained by the provider in the longer term.