

C Watson Limited

C Watson – Camberwell Road

Inspection report

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Overall summary

We carried out this announced focused inspection of C Watson – Camberwell Road on 26 April 2022 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- The dental clinic had information governance arrangements.
- The practice infection control procedures were not in accordance with published guidance.
- The practice did not have effective arrangements for dealing with medical emergencies. Some of the appropriate medicines and life-saving equipment were not available and staff were unclear about emergency procedures.
- The practice did not have effective systems to help them manage risk to patients and staff.

Summary of findings

- Effective safeguarding processes were not in place and staff were unclear as to their responsibilities for safeguarding vulnerable adults and children.
- The practice did not have suitable arrangements to ensure the dentist had suitably trained staff to provide chairside support when treating patients.
- There was ineffective leadership and a lack of systems to support continuous improvement.

Background

C Watson – Camberwell Road is in the London Borough of Southwark and provides NHS and private dental care and treatment for adults and children.

The dental team includes one dentist, one receptionist and one assistant. The practice has one treatment room.

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

The practice is open between 8.30am and 5pm Mondays to Fridays.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Due to the serious level of concerns we identified, we have taken urgent enforcement action and suspended the providers registration for a period of three months. We will report further when any enforcement action is concluded.

Full details of the regulations the provider is not meeting are at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	Enforcement action	
Are services effective?	No action	
Are services well-led?	Enforcement action	

Are services safe?

Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action in the Requirement Notices / Enforcement Actions section at the end of this report. We will be following up on our concerns to ensure they have been put right by the provider.

We have taken urgent enforcement action in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice safeguarding processes were not effective. Staff had not undertaken safeguarding training and lacked awareness of their responsibilities for safeguarding vulnerable adults and children.

The practice infection control procedures were not in accordance with published guidance. The required improvements identified in an infection control audit carried out by NHS England in February 2022 had not been acted on. The work surfaces in the treatment room were cluttered with non-essential items, making cleaning ineffective. We saw the practice and some equipment such as the fire extinguishers were visibly dusty and there was an no clear cleaning schedules to ensure the practice was kept clean.

Infection prevention and control audits were not carried out every six months or used to monitor and improve infection prevention procedures in the practice.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice staff team was small and staff had worked at the practice for a number of years. The practice had a recruitment policy and procedure. However, it was not evident that this was used to help them employ suitable staff. The dentist told us that on occasions in the past agency dental nurses had been employed to work at the practice. No checks were in place for agency staff.

The dentist was qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. However, the dentist had been working for a number of years without appropriately trained staff to provide chairside support when treating patients. The dentist told us that both the receptionist and the assistant provided chairside support. Neither staff were qualified or trained to do so in accordance with the GDC standards.

We saw that equipment including sterilising equipment was safe to use and maintained and serviced according to manufacturers' instructions.

There were ineffective arrangements to assess and mitigate the risks of fire at the practice. A fire risk assessment had not been carried out in line with legal requirements. The management of fire safety was ineffective. There were no arrangements to test the fixed electrical wiring systems within the practice. The arrangements for evacuating the premises in event of a fire were unsuitable and unsafe.

Improvements were needed to the arrangements to ensure the safety of the X-ray equipment. There were no mechanical and electrical testing for the X-ray equipment.

Risks to patients

Are services safe?

The practice had not implemented systems to assess, monitor and manage risks to patient and staff safety. In particular there was no sharps risk assessment, information around sepsis awareness and there were no assessments of risks in relation to the lack of rubber dam use.

There were ineffective arrangements to deal with medical emergencies. The dentist told us the staff team had last undertaken training in basic life support in 2019. Records were not available for staff training in basic life support and both staff members told us they did not know or could not remember details of the training or basic life support procedures.

There was no oromucosal Midazolam to treat epileptic seizures. The oxygen cylinder was not the size recommended by the Resuscitation Council UK and had not been tested since 19 June 2011. One medicine used to treat low blood glucose was stored in a refrigerator. However, the refrigerator temperature was not checked and recorded daily to ensure this medicine was stored in accordance with the manufacturer's storage instructions. The medicine used to treat angina was not in the recommended format.

There were no child size oxygen masks / self-inflating mask with reservoir. The two available sets of adhesive pads for use with the automated external defibrillator were beyond the manufacturer's expiry dates.

There were ineffective systems to minimise the risk that could be caused from substances that are hazardous to health. We were shown some safety data sheets in relation to hazardous substances in use at the practice. These were not complete, stored so as to be easily accessible if needed. There were no risk assessments or information as to how to deal with accidental exposure to hazardous substances.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The dentist told us they had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. There were no arrangements for monitoring or following up on referrals.

Safe and appropriate use of medicines

Improvements were needed to the systems for appropriate and safe handling of medicines and dental materials. We found numerous dental materials which were expired beyond the manufacturer's use by date.

Antimicrobial prescribing audits were not carried out.

NHS prescription pads were not stored securely and there were no systems for logging and monitoring prescriptions to minimise their misuse.

Track record on safety, and lessons learned and improvements

The practice had a system for receiving and acting on safety alerts.

Improvements were needed to the systems for reviewing and investigating incidents and accidents. There were some incident and accident reporting documents. However, there were no clear systems for recognising, reporting or learning from accidents, incidents or near misses.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

The dentist obtained patients' consent to care and treatment in line with legislation and guidance and understood their responsibilities under the Mental Capacity Act 2005.

The dentist described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records in line with recognised guidance.

We saw evidence the dentist justified and reported the findings on the radiographs they took. Improvements were needed so that the quality of radiographs was recorded. The practice did not carry out radiography audits six-monthly in accordance with current guidance and legislation.

Effective staffing

There were ineffective systems to ensure staff had the skills, knowledge and experience to carry out their roles. There were no systems to monitor staff training and learning needs and to ensure that they were trained and understood aspects of their roles in relation to safeguarding children and adults and dealing with medical emergencies.

Co-ordinating care and treatment

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Improvements were needed so that referrals were monitored and followed up to ensure that patients received treatment in a timely manner.

Are services well-led?

Our findings

We found 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/ Enforcement Actions section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

We have taken urgent enforcement action in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

Leadership capacity and capability

There was a lack of leadership and oversight at the practice.

Systems and processes were not embedded among staff. For example, staff were unaware of processes in relation to safeguarding and dealing with medical emergencies.

The inspection highlighted some serious issues and omissions. For example, in relation to infection control procedures, arrangements for dealing with medical emergencies and fire safety procedures,

The information and evidence presented during the inspection process was disorganised and poorly documented. For example; policies and procedures were not reviewed or monitored to ensure that they reflected current guidance and legislation.

We saw the practice had ineffective processes to support and develop staff in relation to their roles and responsibilities.

Culture

The practice did not have systems in place to adequately support staff. The practice did not have arrangements for staff to discuss their training needs during annual appraisals. We saw no evidence of completed staff appraisals.

Governance and management

The practice did not have effective governance and management arrangements.

There was no evidence the practice's policies, protocols and procedures were reviewed on a regular basis. We were not assured these were accessible to or understood by all members of staff.

The practice did not have clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information

Continuous improvement and innovation

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement.

The practice had not undertaken audits of disability access, radiographs and infection prevention and control in accordance with current guidance and legislation.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

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>Care and treatment must be provided in a safe way for service users</p> <p>How the Regulation was not being met</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>The dentist was failing to ensure they were supported by a General Dental Council (GDC) registered or appropriate person to provide chairside support when delivering care and treatment to patients.</p> <p>There were ineffective arrangements to deal with medical emergencies:</p> <ul style="list-style-type: none">• There was no oromucosal Midazolam to treat epileptic seizures• The oxygen cylinder was not the size recommended by the Resuscitation Council UK to allow a flow of 15 litres per minute for a period of 30 minutes. The oxygen cylinder had not been tested since 19 June 2011.• One medicine used to treat low blood glucose was not stored in accordance with the manufacturer's instructions.• There were no child size oxygen masks / self-inflating mask with reservoir• The two available sets of adhesive pads for use with the automated external defibrillator were beyond the manufacturer's expiry dates (February 2019 and July 2018). <p>There were ineffective arrangements to assess and mitigate the risk of fire at the practice:</p> <ul style="list-style-type: none">• There was no fire safety risk assessment for the practice• The fire evacuation procedures as described to us were inappropriate and unsafe.

Enforcement actions

- There were no records to show that fire safety equipment was checked to ensure safe working order

Regulation 12 (1)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or 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.

How the Regulation was not being met

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- There were no systems to monitor staff training and learning needs and to ensure that they were trained and understood aspects of their roles in relation to safeguarding children and adults and dealing with medical emergencies.
- There were no records to show that staff had undertaken training in safeguarding, infection prevention and control or basic life support and staff could not demonstrate that they understood their responsibilities in these areas.
- The practice had not implemented systems to assess, monitor and manage risks to patient and staff safety. In particular there was no sharps risk assessment, information around sepsis awareness and there were no assessments of risks in relation to the lack of rubber dam use.
- Audits of disability access, radiographs and infection prevention and control were not carried out in accordance with current guidance and legislation.
- Referrals were monitored and followed up to ensure that patients received treatment in a timely manner.

This section is primarily information for the provider

Enforcement actions

- The practice policies and procedures were not reviewed or monitored to ensure that they reflected current guidance and legislation.
- There were ineffective systems to minimise the risk that could be caused from substances that are hazardous to health.

Regulation 17 (1)