

Mr. Gavin Maw

Mr Gavin Maw – Houghton-le-Spring

Inspection Report

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Date of inspection visit: 08 May 2018
Date of publication: 07/06/2018

Overall summary

We carried out this announced inspection on 08 May 2018 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

Gavin Maw's dental practice is in Houghton-le-Spring and provides NHS and private treatment to patients of all ages.

Summary of findings

The practice is situated on the ground floor of a building. The upper floor is currently unoccupied. The entrance to the practice has a small step in front and we were told people who use wheelchairs and those with pushchairs are provided with assistance to get over the step by staff or by accompanying people.

Limited car parking spaces are available outside the practice.

The dental team includes the principal dentist, two associate dentists, the practice manager and five qualified dental nurses who also perform reception duties. The practice has two 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.

On the day of inspection, we collected 18 CQC comment cards filled in by patients.

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

The practice is open:

Monday and Wednesday 8.30am to 6pm

Tuesday 8.30am to 7pm

Thursday 8.30am to 5pm

Friday 8.30am to 4pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.
- Improvements were needed to the leadership of the practice.
- The practice had infection control procedures which did not fully reflect published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were not available as in recommended national guidance.
- The practice had limited systems to help them manage risk.

We identified regulation the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Review the written scheme of examination for the practice's pressure vessels to ensure the inspection frequency is in accordance to that advised.
- Review the practice's protocols for medicines management and ensure all medicines are stored safely and securely.

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 practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment appeared clean on the inspection day. The practice did not follow fully national guidance for cleaning, sterilising and storing dental instruments. Other aspects of infection prevention and control required improving.

The practice did not have suitable arrangements for dealing with medical and other emergencies.

The practice did not have risk assessments for all risks identified on-site. For example, all hazardous materials within the practice were not risk assessed as required by the Control of Substances Hazardous to Health Regulations, 2002 (COSHH).

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as exceptional, of a high standard and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 18 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and patient.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The principal dentist had not assessed the needs of all patient groups in accordance with the Equality Act 2010.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action 

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 section at the end of this report).

The practice had limited arrangements to ensure the smooth running of the service. The systems for the practice team to discuss the quality and safety of the care and treatment provided could be improved.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Requirements notice 

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice staff were aware of the need to identify adults that were in other vulnerable situations, for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in

place for agency and locum staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice staff mostly ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The system to do this required improving.

We saw the written scheme of examination for the pressure vessels recommended a six-monthly service check. We found six-monthly service checks had been carried out for the vessels every year until 2016 and then were performed annually. The principal dentist was unsure as to why these checks had changed to an annual basis and assured us they would look into this.

The fire risk assessment was carried out by the principal dentist as part of the overall practice risk assessment. This was not a detailed risk assessment and stated six-monthly fire drills were carried out by the practice. We were told by the practice manager; fire drills were verbally discussed monthly and were not documented. The practice had a manually activated fire bell, fire extinguishers and adequate signs to show fire exits throughout the premises. We were told there was no emergency lighting or fire detection equipment on-site -such as a smoke detector or fire alarm.

We saw the fire extinguishers were regularly serviced. The practice manager told us they carried out checks of the fire extinguisher, fire exits and fire bell. We found these were not documented.

The principal dentist told us they would arrange for an adequate fire risk assessment to be carried out and we were sent email confirmation of this shortly after the inspection.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

Are services safe?

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure 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 checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were not fully available as described in recognised guidance. We were told the practice did not have an Automated External Defibrillator (AED) and had a verbal agreement to use the AED at the near-by medical practice. We asked the principal dentist and practice manager if there was a written agreement in place for this and also whether a risk assessment had been carried out to mitigate the risk of not having their own AED. Neither were in place. We also asked whether the practice staff could be assured that a defibrillator could be available, brought to the practice and placed on a collapsed patient within three minutes as stipulated by guidance from the Resuscitation Council (UK). We were told this could not be assured.

We also found the practice staff had not recognised the need to reduce the expiry date of the Glucagon medicine (used for diabetic emergencies) in line with manufacturer's instructions for storage of the medicine at room

temperature. The aspirin was not in the format recommended by national guidance. The practice had insufficient adrenaline for anaphylactic emergencies and all oropharyngeal airways (used to aid breathing) had passed their expiry date. There were also insufficient face masks to attach to the self-inflating bags used in resuscitation. The systems for staff to check the medical emergency kit and ensure appropriate items were available, within their expiry date, and in working order had failed to identify these issues. We spoke to the principal dentist and practice manager about the importance of ensuring these checks are carried out effectively.

The practice manager sent us evidence of ordering medical emergency drugs and equipment to ensure they had everything as recommended by national guidance, following the inspection. This included an AED.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

We looked at the practice's assessment of hazardous substances as required by the COSHH Regulations 2002. We found most hazardous substances on-site had not been risk assessed and the products' safety data was not stored. We explained the importance of carrying these risk assessments out for all hazardous substances and were assured by the practice manager this would be actioned.

The practice had an infection prevention and control policy and procedures. They followed some guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required.

We spoke with a dental nurse about the decontamination processes within the practice. The practice's arrangements for transporting, cleaning, checking, sterilising and storing instruments required reviewing. Instrument trays with holes in their base were used to transport instruments from the treatment rooms to the decontamination room, rather than designated secure leak-proof containers in accordance with HTM01-05. We found nail brushes by the sinks within the practice (these are not recommended for use by HTM01-05) and we also found pouches of sterilised instruments which did not have a date stamp on to identify when to re-sterilise these.

We were told the practice mostly carried out manual cleaning of instruments and occasionally used the washer

Are services safe?

disinfectant. A dental nurse described the manual cleaning process to us; we were told they used a cap measure of detergent rather than two caps as stated in the manufacturer's guidance. We were also told there was no measure of temperature of the solution in accordance with manufacturers recommendations and the heavy-duty gloves were not regularly changed. We spoke to the practice manager about the recommendation in HTM 01-05 to change heavy duty gloves weekly; they were unaware of this and thought the gloves could be changed monthly. Staff were not provided with protocols for cleaning or sterilisation, which would ensure all stages of manual cleaning were completed correctly.

We requested to see records to show that the cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. We saw records for the steriliser; we were only shown logs for the washer disinfectant that had been completed in the two weeks since the inspection had been announced. We were told the practice had purchased a washer disinfectant following their previous CQC inspection in 2012 and had rarely used it hence did not have any records to show the machine had been serviced and validated for use. We spoke to the principal dentist about the need to ensure all sterilisation equipment in use is correctly checked and maintained in line with manufacturers guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth. We found two unlabelled spray bottles within the surgery which contained disinfectant used for laboratory work. We explained the importance of using labelled containers to avoid confusion and inappropriate use.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place. We spoke to the dental nurse who is responsible for the Legionella control measures within the practice. They told us they had not undergone Legionella awareness training as recommended by HTM01-05 and assured us they would do this as soon as possible.

The practice was clean when we inspected and patients confirmed that this was usual. Cleaning was carried out by

an external company. We noted there were no cleaning logs or checks being done to ensure cleaning was to the standard required by national NHS guidelines. We found the yellow mop (used to clean clinical areas) was placed in the red bucket (used for cleaning toilets and bathrooms). The cleaner would enter the premises when staff were not present and often would work alone. A lone working policy and risk assessment were not in place to ensure safety for the cleaner.

The practice had policies and procedures in place to ensure most forms of clinical waste were segregated and stored appropriately in line with guidance. We noted the practice had carried out a waste audit and identified their gypsum study models were being disposed of in landfill which would produce harmful gases into the environment. The practice manager told us they were planning to add gypsum collection to their waste contract and assured us this would be done soon. Following the inspection, we saw evidence of this being requested.

The practice carried out infection prevention and control audits once a year rather than six-monthly as recommended in HTM 01-05. The latest audit showed the practice was meeting the required standards and did not identify the issues we noticed on the inspection day. We spoke to both the principal dentist and practice manager of the importance to ensure the audit results are reflective of the practice.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

Are services safe?

The practice had some reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. We observed the local anaesthetic cartridges and disposable needles were kept in the cupboard in the corridor which was accessed by patients. This area is not always observed and we spoke to the principal dentist of the need to ensure medicines and equipment are stored securely.

The practice staff stored NHS prescriptions as described in current guidance. We found they did not log all prescriptions for safety measures.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

The practice had a good safety record. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents and one accident.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework. There were adequate systems for reviewing and investigating when things went wrong.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

We spoke with the dentists who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment

options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff 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 containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example,

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Are services effective?

(for example, treatment is effective)

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice did not consistently monitor the progress of referrals. They had recognised the need to review the process and were improving their referral log. This would help to make sure referrals were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were very professional, caring and kind. We saw that staff treated patients respectfully, appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care. They were not fully aware of the requirements under the Accessible Information Standards and the Equality Act.

- Interpretation services were not available for patients who did not have English as a first language. We were told these patients would use their accompanying family members / friends to translate for them.
- Staff told us they communicated with patients in a way that they could understand. We found that the practice were not familiar with their responsibilities under the Accessible Information Standard. Aids for communication, for example, easy read materials were not available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

We were told of examples of patients who requested specific appointments and staff confirmed these patients would also have extended appointment slots to provide further time. Staff also described they would take extra support measures for patients with memory loss and anxiety, for example, by calling these patients on the appointment day to ensure they were able to attend.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had made minimal reasonable adjustments for patients with disabilities. The practice had not assessed the needs of all groups of patients in accordance with the Equality Act 2010. For example, a disability access audit or review had not been completed. There was no plan formulated to continually improve access for patients where reasonably practicable.

The premises had a small step at the entrance which meant those with wheelchairs or pushchairs required some help to access the service; the practice manager told us the reception staff would provide help if none was available. The dental practice had two ground floor treatment rooms and a ground floor toilet.

The practice manager told us they were not aware of the requirement for assessing the needs of all patient groups. We found there were no aids for people with visual or audio deficiencies or disabilities.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their practice information leaflet.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with the 111 out of hour's service.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager and principal dentist were responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist was responsible for the overall leadership for the practice and had the experience and skills to deliver the practice strategy.

On the day of the inspection, the principal dentist and practice manager were very approachable and keen to address the shortcomings we identified.

They were not knowledgeable about all issues and priorities relating to the quality and future of services.

The practice did have effective processes to develop leadership capacity and skills. The practice manager was always on-site and had sufficient time to pursue their duties. They were keen to develop further and acknowledged the shortcomings were due to a lack of understanding and knowledge.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability. These required strengthening in order to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The principal dentist had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. Practice policies were not dated and only some were signed by staff to show they had been read.

The processes for identifying and managing risks, issues and performance required improving. The practice had infection control procedures which did not fully reflect published guidance. Audits in infection prevention and control were not reflective of our findings. Appropriate medicines and life-saving equipment were not available as in recommended national guidance. Risk assessments were not carried out appropriately for various risks within the practice – for example, fire, hazardous substances on-site and lone-working. Equipment maintenance regimes were not being followed according to manufacturer's guidance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards and verbal feedback to obtain staff and patients' views about the service. We saw examples of suggestions from patients/ staff the practice had acted on.

Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

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

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We noted the infection prevention and control audit results did not reflect our findings on the inspection day.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. We were told staff had requested to have more availability of external training rather than on-line. The principal dentist agreed to, and subsidised for, this.

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided encouragement for them to do so.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider did not have effective systems in place to ensure that the regulated activities at Mr Gavin Maw – Houghton-le-Spring were compliant with the requirements of Regulations 4 to 20A</p> <p>of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>The registered person did not have systems or processes that operated effectively to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular, the practice had inadequate systems to help them identify and manage risk:</p> <ul style="list-style-type: none">• The fire risk assessment of the premises was inadequate and the premises had no fire detectors or emergency lighting. Fire drills and evacuation procedures were not enacted, timed nor documented.• Risk assessments for all hazardous materials were not carried out in line with the Control of Substances Hazardous to Health Regulations, 2002.• Infection prevention and control systems required improving, including systems to segregate and correctly dispose of waste.• Sterilisation equipment was not tested or maintained in accordance with national guidance.• Infection prevention and control audit processes were not effective.

Requirement notices

- Environmental cleaning was not in line with guidance and a lone working policy or risk assessment were not in place for the cleaner.
- The systems employed by the practice to check their medical emergency drugs and equipment items were ineffective.
- The principal dentist had not assessed the needs of all population groups in line with the Equality Act 2010.
- Policies were not dated and some were not signed by staff to indicate they had been read and understood.
- The principal dentist and practice manager were not fully clear of national guidance and legislation relating to the health and safety of service users.