

Wynyard Dental Practice

Wynyard Dental

Inspection Report

134 The Stables
Wynyard
TS22 5QQ
Tel:01740 645666
Website:
www.wynyarddental.co.uk

Date of inspection visit: 07 March 2017
Date of publication: 03/04/2017

Overall summary

We carried out a follow-up inspection at Wynyard Dental Practice on the 7 March 2017.

We had previously undertaken an announced comprehensive inspection of this service on the 8 November 2016 where breaches of legal requirements were found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to each of the breaches. This report only covers our findings in relation to those requirements.

We reviewed the practice against one of the five questions we ask about services: is the service well-led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wynyard Dental on our website at www.cqc.org.uk.

We revisited the Wynyard Dental as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements.

Our findings were:

Are services well-led?

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

Background

Wynyard Dental is a family-run dental practice which provides private treatment to patients of all ages. The practice is situated in a central complex within Wynyard Village, Teesside. There are two spacious treatment rooms each with their own decontamination area for sterilising dental instruments, two waiting areas (one with a dedicated children's' area) and a reception. There are ample car parking spaces in front of the practice. Access for wheelchair users or pushchairs is possible via the step-free ground floor entrance.

The practice is open Monday to Friday 0900 -1730 and Saturday 0900-1300.

The dental team is comprised of two principal dentists, an associate dentist, two qualified dental nurses and two receptionists. The practice is currently recruiting a third qualified dental nurse.

The provider is registered with the Care Quality Commission (CQC) as a partnership. A condition of their registration states the regulated activity procedures are to be managed by an individual who is registered as a manager. An application was underway for a registered manager to be appointed. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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.

Summary of findings

Our key findings were:

- Various audits (including infection prevention and control and radiography) and risk assessments (including fire, Legionella and health and safety) had been carried out and action plans were implemented.
- Robust recruitment procedures were now in place.
- Documentation was retained for the checks of the sterilisation equipment.
- Practice policies were specific to the practice, dated and reviewed. All staff had signed to indicate they had read and understood the policies.
- Staff training, learning and development was appropriately reviewed. All staff had undergone training to an appropriate level in the safeguarding of adults and vulnerable children.
- The practice had re-registered with the Information Commissioner's Office (ICO).
- Arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports were in place.
- The practice had adequate procedures for undertaking patient and staff satisfaction surveys to help improve the quality of service.

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 well-led?

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

We found there were strong support systems in place to ensure the smooth running of the practice. There were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to.

The practice had a recruitment policy and recruitment procedures were implemented.

Risk assessments were in place for the practice including a practice risk assessment, a fire risk assessment and a Legionella risk assessment. Templates were created for COSHH risk assessments for materials held within the premises.

A disability access review had been carried out and various audits were initiated.

No action



Wynyard Dental

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Wynyard Dental on 07 March 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 08 November 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was carried out by a CQC inspector.

During the inspection, we spoke with the one of the principal dentists, a dental nurse and the management lead /receptionist.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

Are services well-led?

Our findings

Governance arrangements

The management lead provided us with the practice policies, procedures, certificates and other documents. We viewed documents relating to safeguarding, staffing and maintenance. We found all policies were signed and updated to reflect changes within dentistry or legislation.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

A fire and practice risk assessment had been completed in November 2016; these were reviewed in February 2017. We saw evidence of several recommendations being carried out and a process to identify when others would be reviewed.

A Legionella risk assessment had been carried out in November 2016. The risk assessors recommended monitoring hot and cold water temperatures to reduce proliferation of the bacteria; staff showed us evidence temperatures were monitored and recorded. Regular flushing of water outlets was recorded.

Templates were created for COSHH risk assessments for materials held within the dental premises. The management lead assured us these would be completed and regularly reviewed.

The practice showed us their radiation protection file; all information was available including the names of the Radiation Protection Advisor and the Radiation Protection Supervisor, Health and Safety Executive notification and the local rules.

Staff files contained relevant documents such as Disclosure and Barring Service (DBS) checks, references and appraisals. An induction template was implemented for new staff. The practice had a recruitment policy to provide structure for recruitment procedures to be present.

The practice had re-registered with the Information Commissioner's Office (ICO) as required by the Data Protection Act 1998.

Arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports were in place. We saw the practice had registered with the Central Alerting System (CAS) and any relevant alerts would be disseminated with the team.

Leadership, openness and transparency

The overall leadership was provided by the principal dentists and the associate dentist. A management lead, who also was a receptionist, was supporting them in this role. The management lead was given sufficient time to carry out all their duties.

Staff were aware of whom the dedicated leads in infection prevention and control or safeguarding within the practice were.

Staff told us they were aware of the Duty of Candour and the need to be open with patients, to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

Learning and improvement

A regular audit process was now apparent within the practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations.

Clinical and non-clinical audits were carried out in the last two months. Topics included radiography, infection prevention and control and record keeping audits. We saw these audits were carried out with results and action plans clearly detailed. Record keeping audit results showed the dentists had improved their record keeping in some areas and not fully in others. The principal dentist we spoke with was aware of this and assured us they would continue to review, monitor and improve this.

Improvement in staff performance was monitored by personal development plans and appraisals. We saw evidence of staff appraisals and all staff had completed training in safeguarding and other important topics.

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

The practice had systems in place to seek and act upon feedback from staff members and people using the service.

Are services well-led?

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions.

The practice showed us their satisfaction survey templates and were in the midst of issuing these to patients.