

Wynyard Dental Practice

Wynyard Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 8 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

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. The provider had not ensured a registered manager had been 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. We

Summary of findings

spoke with one of the registered partners and the associate dentist to advise this must be completed as part of their registration contract; they were considering the associate dentist to be appointed.

We reviewed nine CQC comment cards on the day of our visit; patients were very positive about the staff and standard of care provided by the practice. Patients commented they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment.

Our key findings were:

- The practice was visibly clean and free from clutter.
- The practice had systems for recording incidents and accidents.
- Staff received annual medical emergency training.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patients could access urgent care when required.
- Complaints were dealt with in an efficient and positive manner.
- An Infection prevention and control policy was in place. We saw sterilisation procedures followed recommended guidance. We were advised the practice did not keep any documentation for the checks of the sterilisation equipment.
- The practice did not have an effective management structure to regularly review the needs of staff (including their training) practice protocols or policies.
- The practice policies were not specific to the practice, not dated nor reviewed.
- Dental nursing and reception staff had not undergone training in safeguarding adults and vulnerable children, mental capacity or information governance.
- Recruitment procedures were not consistent.

We identified regulations that were not being met and the provider must:

- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

- Ensure the practice implements the required control measures specified by their Legionella risk assessment giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Ensure the practice facilities are fit for the purposes to which they are being used. This includes assessing the practice's disability access and fire risk.
- Ensure audits of various aspects of the service, such as infection prevention and control and radiography are undertaken at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure the training, learning and development needs of staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff employed.

You can see full details of the regulation not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review the practice's policies to ensure they contain appropriate details, are practice specific, dated and reviewed at regular intervals.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice responsibilities in regards to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 to ensure all documentation is present and up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's procedure for maintaining logs of all sterilisation equipment giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum

01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

Summary of findings

- Review the necessity to re-register the practice with the Information Commissioner's Office (ICO) at appropriate intervals.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's safeguarding policy and ensure all staff have had training at an appropriate level, in the safeguarding of children and vulnerable adults.
- Review the practice's 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 safe?

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

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions. We saw the practice was not maintaining any logs of the sterilisation equipment checks that were being carried out. We brought this to the attention of the registered provider and they ensured us they would implement logs immediately.

Medicines were stored appropriately, both for medical emergencies and for regular use in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff we spoke with were not knowledgeable about their local safeguarding teams for adults and children. The practice's safeguarding policy was a generic one and did not contain any contact details for staff to refer to should a safeguarding matter arise.

The practice had processes for recording and reporting any accidents and incidents.

No action



Are services effective?

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff treated patients with care, provided options for informed consent and made referrals to other services in an appropriate and recognised manner. This was not always documented in the records we viewed and we advised the associate dentist of the necessity to maintain complete dental care records.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD). We found four members of staff had not undergone training in information governance and safeguarding children and vulnerable adults.

No action



Summary of findings

Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were nine responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

No action



Are services responsive to people's needs?

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

The practice had dedicated slots each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

Patients had access to telephone interpreter services when required and the practice could accommodate wheelchair users or people with push chairs in their ground floor surgery and en-suite toilet. The practice had not reviewed the other requirements of the Equality Act 2010 and had not fully assessed the barriers which may prevent some people from using their services, for example by undertaking a disability access audit for the premises.

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 at the end of this report).

The registered partners visited the premises during the week and were available on the phone for staff at any time. A receptionist was designated as management lead and was on-site for two days during the week. We were told the management lead would work alone in reception on those days and would carry out management duties alongside this.

Staff told us they were not aware of whom the dedicated leads in infection prevention and control or safeguarding within the practice were.

We found recruitment documents were absent from staff files including evidence of induction processes, Disclosure and Barring Service (DBS) checks for four members of staff and appraisals. The practice did not have a recruitment policy which would provide structure for such recruitment procedures to be present.

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were not in

Requirements notice



Summary of findings

place for the practice. The practice had a basic and generic overall risk assessment which was not specific to the practice. The practice had never undertaken a fire risk assessment, a disability access assessment and risk assessments of any materials held within the dental premises. The Legionella risk assessment was not followed through nor repeated as per the risk assessor's recommendation.

Staff told us the practice did not receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 8 November 2016. It was led by a CQC inspector and supported by a dental specialist advisor.

During the inspection, we spoke with the one of the registered partners, an associate dentist, a dental nurse and two receptionists (one being designated as management lead).

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

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). The management lead told us no accidents or incidents occurred within the last 12 months.

The management lead and associate dentist told us the practice did not receive any alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. This was addressed on the inspection day and we received evidence of this shortly after the inspection.

Reliable safety systems and processes (including safeguarding)

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a sharps risk assessment though this was not dated nor reviewed to reflect any changes that may occur. Disposable needles and syringes were implemented for use in each surgery.

Flowcharts were displayed in the decontamination room and in each surgery describing how a sharps injury should be managed. Staff were unsure of their local policy on occupational health assistance and a practice sharps policy was not available for staff to refer to.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the

rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We reviewed the practice's policy for adult and child safeguarding; this did not contain contact details of their local authority child protection and adult safeguarding or social care teams. Staff were not able to advise us of their practice protocol and response to any safeguarding issues should they arise. There was not a designated lead within the practice and four members of staff had not undergone safeguarding training. We brought this to the associate dentist's attention who assigned himself as lead immediately and told us he would ensure all staff received the appropriate level of safeguarding training.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the registered partners or the associate dentist.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (expiry April 2017).

Medical emergencies

The practice followed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to deal with medical emergencies.

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency and we saw these were all in line with the 'Resuscitation Council UK' and British National Formulary guidelines.

We saw the practice kept logs which indicated the emergency equipment, emergency medical oxygen cylinder and emergency drugs were checked weekly. Staff told us they did not check the AED and we advised the

Are services safe?

need to do so. A log sheet was implemented immediately and we saw evidence of this on the inspection day. These checks ensure the equipment is fit for use and the medication is within the manufacturer's expiry dates.

Staff recruitment

We reviewed the staff recruitment files for seven members of staff to check that appropriate recruitment procedures were in place. We found all staff files held their GDC registration certificates and indemnity proof documents. We saw other recruitment documents were absent including qualifications, immunisation status, where necessary a Disclosure and Barring Service (DBS) check, evidence of induction processes, references and staff appraisals. We spoke with the staff who told us there was no appraisal process in place. The practice did not have a recruitment policy which would provide structure for such recruitment procedures to be present.

Monitoring health & safety and responding to risks

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure providers contain information on the risks from hazardous substances in the dental practice. We found the practice kept all the products' safety data sheets (these provide information on the general hazards of substances and give information on handling, storage and emergency measures in case of accident) but lacked actual risk assessments as required by the Health and Safety Executive. We were assured this would be addressed immediately and each substance would be risk assessed and recorded. We also reviewed the practice risk assessment, health and safety risk assessment and sharps risk assessment. These were all contained within one simplified generic risk assessment which was not dated nor reviewed.

We were told the practice had not carried out a fire risk assessment and we found there were no fire extinguishers located upstairs. We advised staff of the importance of having a fire risk assessment as per the The Regulatory Reform (Fire Safety) Order 2005. The practice sent us evidence shortly after the inspection which confirmed an external competent person had completed a fire risk assessment of the premises.

The practice had measures in place such as visible signs and emergency lighting to show where evacuation points were.

We saw annual maintenance certificates of firefighting equipment including the current certificate from May 2016. Annual fire drills were carried out to ensure staff were rehearsed in evacuation procedures.

Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. All were in accordance with the The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices,' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

We spoke with one dental nurse about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifier, sterilising and storage was clearly described and shown. We were told daily and weekly tests were being carried out by the dental nurses to ensure the sterilisers were in working order. We found these were not documented.

We inspected the treatment rooms and decontamination areas within those rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets. The decontamination area was clearly marked and segregated from other areas.

A Legionella risk assessment had been carried out in April 2013. This revealed the practice had a medium risk of Legionella bacteria growth. The risk assessors recommended installing thermostatic mixer valves and monitoring hot and cold water temperatures to reduce proliferation of the bacteria; staff confirmed these were never actioned. A review had not been booked in 2015 as per the original risk assessor's recommendation. We spoke with the associate dentist about the importance of implementing these control measures and the need to consider a review of their risk assessment. The practice confirmed a review assessment was completed the day following the inspection.

Are services safe?

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). Staff described the method used and this was in line with current HTM 01-05 guidelines.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that clinical waste including sharps was collected on a regular basis. The practice did not have a separate container for collection of any extracted teeth, including those which had pre-existing amalgam restorations in. We discussed the importance of this with the associate dentist and we received evidence to confirm they had requested this to be added to their waste collection contract.

The practice staff carried out daily environmental cleaning. We observed the practice used different coloured cleaning equipment to follow HTM0105 guidance.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for the sterilisation equipment, X-ray machines and compressor in

February 2016 and Portable Appliance Testing (PAT) in October 2013. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). The practice had arranged for a new PAT inspection to be carried out within the next few weeks.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice had digital X-ray equipment and rectangular collimators were available in both surgeries.

The practice did not maintain a thorough radiation protection file and various documents or information was missing including the names of the Radiation Protection Advisor and the Radiation Protection Supervisor, Health and Safety Executive notification and the local rules.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

The practice was not undertaking regular analysis of their X-rays through an annual audit cycle in line with the National Radiological Protection Board (NRPB) guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and best practice procedures for delivering dental care.

A comprehensive medical history form was filled in by patients and this was checked verbally at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen.

Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are.

Patients were advised of the findings and any possible treatment required.

The dentist advised us they were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon the patients' risk of dental diseases.

The dentist we spoke with used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required.

A report of the X-ray taken was not always documented in the patient dental care records we viewed. We spoke with the dentist about the need for reporting as per (IR(ME)R) 2000.

Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. Staff told us they applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

Staffing

Staff were not certain on whom the dedicated leads for infection prevention and control, safeguarding adults and children and complaints were.

Prior to our visit we checked the registrations of all dental professionals with the General Dental Council (GDC); this was confirmed on the day of the inspection. The GDC is the statutory body responsible for regulating dental professionals.

Staff told us they were supported to maintain their continuous professional development (CPD) and we saw evidence of this in some staff files. We found the dental nurses and reception staff had not completed any training in safeguarding.

Working with other services

The dentist we spoke with confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. They stated referral letters would contain all the relevant information including patient identification, medical history, reason for referral and x-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' record.

The dentist we spoke with was clear on the principles of the Mental Capacity Act 2005 (MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or

Are services effective?

(for example, treatment is effective)

carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

The reception staff and dental nurses were not able to clearly describe how they would obtain consent from a patient who lacked mental capacity. Staff confirmed they had not completed any training in mental capacity.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were nine responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to another surgery or the storage room to talk with a staff member.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and in paper form. Paper record cards were kept in securely in locked cabinets inside the storage room. Computers were password protected, backed up and passwords changed regularly in accordance with the Data Protection Act.

Staff were confident in data protection and confidentiality principles. The practice was not registered with the

Information Commissioner's Office (ICO) as required by the Data Protection Act 1998. We informed the associated dentist of this; they registered immediately and sent us evidence on the inspection day.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing private treatment costs were displayed in the waiting area. We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits.

We used guidance from the Faculty of General Dental Practice (FGDP) to help us make our decisions about whether the practice records and record keeping were meeting best practice guidelines.

We looked at dental care records with the dentist and found they did not follow the guidelines by the Faculty of General Dental Practice regarding clinical examinations and record keeping. In the records we viewed, we found no details of treatment options, costs, risk category of dental diseases, recall intervals and justification or reporting of X-rays present. We brought this to the attention of the registered provider and they assured us they would revisit the guidance and implement a dental record keeping audit to ensure the practice maintains a suitable standard of record keeping.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including practice leaflets, the practice opening hours, emergency 'out of hours' contact details and treatment costs. Information leaflets on oral health were also available.

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The policy was updated annually and staff also had undergone recent training.

The practice had made some reasonable adjustments to prevent inequity for disadvantaged groups. Staff had access to a translation service where required and the practice has a downstairs surgery with an en-suite toilet which could accommodate wheelchairs. The practice had not reviewed

the other requirements of the Equality Act 2010 and had not fully assessed the barriers which may prevent some people from using their services, for example by undertaking a disability access audit for the premises. We received confirmation in the days after the inspection to indicate a disability access audit had been carried out.

Access to the service

The practice's opening hours were Monday to Friday 0900-1730 and Saturday 0900-1300. These were displayed in their premises and in the practice information leaflet. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed as recommended by the GDC though it was not practice specific.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they raised any patient comments or concerns with the registered partners or associate dentist immediately to ensure responses were made in a timely manner.

The practice received no complaints in the last twelve months.

Are services well-led?

Our findings

Governance arrangements

The management lead demonstrated their system of policies, procedures and certificates. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing, recruitment and maintenance.

We noted policies and procedures were not kept under regular review to support the safe running of the service.

There were no regular checks of clinical and administration work or systems for identifying where quality or safety was being affected.

We reviewed the practice risk assessment, health and safety risk assessment and sharps risk assessment. These were all contained in one generic document which was not specific to Wynyard Dental Practice.

We found staff files were lacking essential recruitment documents including evidence of induction, references and appraisals. The practice did not have a recruitment policy which would provide structure for such recruitment procedures to be present.

Leadership, openness and transparency

The overall leadership was provided by the registered partners and the associate dentist. A management lead, who also was a receptionist, was supporting them in this role.

The registered partners visited the premises intermittently during the week and were available on the phone for staff at any time. The management lead was on-site for two days during the week. We were told the management lead would work alone in reception on those days and would carry out both reception and management duties during this time.

Staff told us they were not 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 cycle was not carried out within the practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations.

We found no infection prevention and control audits had been carried out within the practice as recommended by HTM0105.

The associate dentist confirmed the practice had also not carried out a radiography audit. The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 require dental professionals to carry out regular quality assurance processes in radiography and an audit cycle will enable these processes to be completed.

The associate dentist assured us these audits would be implemented immediately and we received evidence of completed audits the following day.

Improvement in staff performance was not monitored by the practice; personal development plans or appraisals were not performed within the practice. Informal discussions were in place to ensure all staff were reviewed regularly. Staff training was not actively monitored by the practice and we noted the dental nurses and the reception staff had not completed training in safeguarding or information governance.

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

We were advised that the practice did not have a patient or staff satisfaction survey which would enable regular review of their opinions and suggestions.

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> <ul style="list-style-type: none">• The registered provider failed to ensure the practice's recruitment policy and procedures were suitable and the recruitment arrangements were in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.• The registered provider failed to ensure the practice implemented the required control measures specified by their Legionella risk assessment giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.• The registered provider failed to ensure the practice facilities were fit for the purposes to which they were being used. This includes a failure to assess the practice's disability access and fire risk.• The registered provider failed to ensure audits of various aspects of the service, such as infection prevention and control and radiography were undertaken at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.