

# Townley House Dental Practice Limited Thrapston Dental Centre

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection of this practice on 19 October 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints; Regulation 17 HSCA (RA) Regulations 2014 Good governance; and Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thrapston Dental Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### 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 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 providing well-led care in accordance with the relevant regulations.

#### Background

The practice is located in ground floor premises in the village of Thrapston in Northamptonshire. The practice only provides private dental treatments. There is road side parking close to the dental practice. There are two treatment rooms.

Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are – Monday to Thursday: 8:30 am to 5:15 pm; Friday: 8:30 am to 4:30 pm. The practice is closed for lunch between 1:15 pm and 1:45 pm. The practice is closed at weekends.

The practice manager is the registered manager. 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

The practice is registered with the Care Quality Commission (CQC) as an organisation.

## **Our key findings were:**

- There were systems to record accidents, significant events and complaints, and where learning points were identified these were shared with staff.
- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.
- Staff were recruited in line with published guidance and the regulations including receiving a Disclosure and Barring Service (DBS) check.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- Documentation identified X-ray machinery was serviced regularly and maintained to a safe working standard.
- The practice was not following the latest guidance when taking X-rays as they were not using rectangular collimation.
- The practice had completed audits of various aspects of the service, such as radiography and dental care records, although the outcomes were not always recorded.

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

- Review the Ionising Radiation Regulations (Medical Exposure) Regulations 2000 and the Department of Health's: National Radiological Protection Board (NRPB) 'Guidance notes for Dental Practitioners on the safe use of X-ray equipment' recommendations in respect of the use of rectangular collimation to limit the radiation dose a patient receives during routine dental X-rays.
- Review the practice policy on auditing to include recording of outcomes, analysis and learning points.

# 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 for the recording of accidents, significant incidents and complaints. Where there had been learning points from these, they had been shared with staff.

The practice was visibly clean.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

The practice had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance.

X-ray equipment was regularly serviced to make sure it was safe for use. The practice were not routinely using rectangular collimation (a device to reduce the amount and spread of radiation received by a patient) when taking X-rays.

No action



### Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue).

Dental care records had improved since our previous inspection and were complete and contained sufficient detail.

Staff training was recorded with certificates to evidence training had been completed. Staff members were up to date with their continuing professional development (CPD).

No action



### Are services responsive to people's needs?

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

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

No action



### Are services well-led?

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

The practice had a system for carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

No action



# Thrapston Dental Centre

## 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, follow up inspection on 30 September 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

The provider sent an action plan to the CQC on 16 February 2016 outlining the steps that had been taken to achieve compliance.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

During the Care Quality Commission (CQC) inspection on 19 October 2015 we found the practice did not have a system in place to learn from and make improvements following any accidents, incidents or significant events.

At this follow up inspection, records showed a system and process had been introduced with documentation to facilitate the analysis of any accidents or incidents. The practice had an accident book, although there had been no accidents recorded since that last inspection in October 2015. A review of the sharps procedures within the practice had reduced the likelihood of sharps injuries to staff (particularly needles and sharp dental instruments). Sharps injuries to staff being a common source of accidents in dental practices. There had been four significant events recorded since the last inspection in October 2015. The last recorded event had occurred in April 2016 and related to a patient being dissatisfied with the emergency appointment they had been offered. The records showed all significant events had been analysed and discussed with staff as appropriate.

A review of the information in the significant events folder identified that patients were told when they had been affected by something that had gone wrong. They had received an apology and been informed of the actions taken as a result. The practice manager was aware of when and how to notify CQC of incidents which cause harm.

### Staff recruitment

During the inspection in October 2015 we saw there was no recruitment policy in place to ensure a consistent and effective process was followed.

During this follow up inspection we saw a recruitment policy had been introduced. We looked at the staff recruitment files for one member of staff who had been appointed since the practice registered with the Care Quality Commission (CQC). In addition we looked at the staff records relating to Disclosure and Barring Service (DBS) checks. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We saw the practice's recruitment procedures had been followed. We found that all members of staff had received a DBS check. The practice was routinely taking references for new members of staff and were keeping a record of interview notes. We discussed the records that should be held in the recruitment files with the principal dentist and saw the practice recruitment policy and the regulations had been followed.

### Infection control

During the inspection in October 2015 we saw the issues and outcomes from an infection control audit were not clearly recorded. This meant that the practice was unable to demonstrate that infection control quality checks were effective.

Records showed that regular six monthly infection control audits had been completed. This was as recommended in the guidance HTM 01-05. The last audit was completed on 24 August 2016 and scored 98%. The data collected identified the infection control quality checks were effective. However, there was no analysis of the results or action plan in place.

### Radiography (X-rays)

During the inspection in October 2015 we found documentation relating to radiography (X-rays) was incomplete. In addition audits relating to X-rays had not been reviewed; therefore no action had been taken.

At this follow up inspection we saw there were local rules in place to the two X-ray machines in the treatment rooms. Local rules gave guidance and instruction on the safe operation of the individual X-ray machine they related to. However, the local rules in the treatment rooms were missing important information. We saw there were copies of these documents in the Radiation Protection file which contained all of the necessary information. The provider was advised to remove the copies in the treatment rooms and replace them with the copies from the Radiation Protection file.

Records showed the X-ray equipment had been inspected within the last three years. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations

## Are services safe?

also required providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. Documentary evidence confirmed this had been completed.

The Ionising Radiation Regulations (Medical Exposure) Regulations 2000 state: 'Regulation 7 provides for the optimisation process which involves ensuring that doses arising from exposures are kept as low as reasonably practicable.' While the Department of Health's: National Radiological Protection Board (NRPB) 'Guidance notes for Dental Practitioners on the safe use of X-ray equipment' says: 'It is recommended that rectangular collimation be provided on new equipment and be retro-fitted to existing equipment at the earliest opportunity. 'Rectangular collimation is a specialised metal barrier attached to the head of the X-ray machine. The barrier has a hole in the middle used to reduce the size and shape of the X-ray

beam, thereby reducing the amount of radiation the patient received and the size of the area affected. We saw that neither X-ray machine was fitted with rectangular collimation and therefore the guidance was not being followed.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

We saw that radiography audits were completed on a six monthly basis. We did not see any analysis of the results although the scores in the audit scores met the standards set out in the National Radiological Protection Board (NRPB) guidance notes for dental practitioners on the safe use of X-ray equipment.

# Are services effective?

(for example, treatment is effective)

## Our findings

<Summary here>

# Are services caring?

## Our findings

### Monitoring and improving outcomes for patients

During the inspection in October 2015 we found that dental care records were not always complete and there were no formal audits of record keeping in place.

The practice had a copy of the most recent Faculty of General Dental Practice (FGDP UK) guidance regarding dental care records. There were electronic dental care records for each patient.

We noted there had been a considerable improvement in the dental care records from December 2015 for one clinician and from March 2016 for the other. Dental care records were more detailed since these times and contained more information about the assessment, diagnosis, and treatment. The dental care records also recorded the discussion and advice given to patients by dentists. The records showed a thorough examination had been completed, and identified with risk factors such as smoking and diet for each patient. We saw that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists used the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.

We saw that record keeping audits had been completed on a six monthly basis. These identified that there had been improvements in the dental care records at the practice. We discussed the current audits with the principal dentist and the practice manager and observed the audit content could be more extensive to cover the drop down menus (on the computerised records system) which would be in line with FGDP UK recent guidelines. Additionally the patient sample size could be increased from the current 18.

### Staffing

During the inspection in October 2015 we found that there was no overall training plan and no clear system in place to monitor staff training

The practice had two part time dentists; one qualified dental nurse who also worked on the reception desk; one receptionist and one practice manager.

We discussed staff training with the practice manager who said that certain training had been identified as requiring an annual update. For example medical emergencies and basic life support. Dates for this training had been identified and was recorded in the practice diary. We saw that copies of training certificates were held in individual staff files, and that staff members had a clear view of their own on-going training.

We looked at staff training records for three staff members and these showed that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding.

Records at the practice showed that all staff had an annual appraisal. As part of the appraisal process staff completed a review of their own personal development plan and these were discussed during the process. The appraisal documentation also identified that training needs had been discussed and completed training identified. We also saw evidence of new members of staff having an induction programme.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Concerns & complaints

During the inspection in October 2015 we found that the complaints process had not been fully established.

At this follow up inspection we saw the practice had a complaints procedure for private patients. The procedure had been reviewed in November 2015. The procedure explained how to complain and identified time scales for complaints to be responded to. The procedure included other agencies to contact if the complaint was not resolved to the patients satisfaction.

Information about how to complain was displayed behind reception and was available in the patient information folder in the waiting room. The practice website advised patients to contact the practice manager if they wished to make a complaint.

We saw that the practice kept a record of complaints that had been received. Actions taken were dated and the outcome recorded. We saw that apologies had been given to patients and there was a clear recorded outcome within the records. We saw the last recorded complaint had been received in September 2016 and had been responded to appropriately and in a timely way by the practice.

# Are services well-led?

## Our findings

### Learning and improvement

During the inspection in October 2015 we found that audits had not been completed effectively with learning points and action recorded. This was particularly in respect of audits in relation to: infection control, patient care records and radiography (X-rays)

Records showed that regular six monthly infection control audits had been completed. This was as recommended in the guidance HTM 01-05. However we did not see any analysis of the results or an action plan in place.

We saw that record keeping audits had been completed on a six monthly basis. These identified that there had been improvements in the dental care records at the practice. We observed the audit content could be more extensive to cover the drop down menus (on the computerised records system) which would be in line with FGDP UK recent guidelines. Additionally the patient sample size could be increased from the current 18.

We saw that radiography audits were completed on a six monthly basis. We did not see any analysis of the results although the scores in the audit were high showing X-rays were being taken safely and in line with the guidance.