

## Townley House Dental Practice Limited

# Thrapston Dental Centre

### **Inspection report**

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### Overall summary

We carried out this announced on 11 April 2023 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment, and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.

# Summary of findings

- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.

#### **Background**

Thrapston Dental Centre provides private dental care and treatment for adults and children. It is part of Dentex Healthcare Limited who own many practices in the country. The dental team includes 1 dentist, 3 dental nurses, 1 receptionist and a practice manager. The practice has 2 treatment rooms, only one of which is in use.

There is ramp access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

During the inspection we spoke with the dentist, the practice manager, a nurse and two compliance advisers. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open on Mondays to Thursday from 8.30am, to 5.15pm and on Fridays from 8.30am to 3.30pm.

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

- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.
- Increase the sample size of the radiograph and dental care records audits to ensure a more meaningful result.

# 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?	No action	$\checkmark$
Are services effective?	No action	$\checkmark$
Are services caring?	No action	<b>✓</b>
Are services responsive to people's needs?	No action	<b>✓</b>
Are services well-led?	No action	<b>✓</b>

# Are services safe?

### **Our findings**

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

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

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. We noted good information about safeguarding procedures around the practice and in the patient toilet, making it easily accessible.

The practice had infection control procedures which reflected published guidance.

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

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. Staff files we reviewed showed that appropriate pre-employment checks had been undertaken to ensure staff were suitable to work at the practice.

Clinical staff were qualified, registered with the General Dental Council, and had professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment had been carried out recently in line with the legal requirements and we noted that its recommendation to conduct portable appliance testing had been actioned. Records we reviewed demonstrated that staff had undertaken training in fire safety, and they regularly undertook timed fire evacuation drills.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

#### Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and all staff, had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health

#### Information to deliver safe care and treatment.

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

#### Safe and appropriate use of medicines

# Are services safe?

The practice had systems for appropriate and safe handling of medicines, although we noted that the medicines log could be improved. Anti-microbial audits were undertaken to ensure that the dentist was following the latest guidance.

#### Track record on safety, and lessons learned and improvements.

The practice had systems to review and investigate incidents and accidents, which were logged and monitored centrally to ensure any themes could be identified to drive improvement. We noted that a recent incident in relation to the fridge's high temperature had been recorded appropriately by staff.

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

# Are services effective?

(for example, treatment is effective)

### **Our findings**

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

#### Effective needs assessment, care and treatment

We found clinicians staff provided patients' care and treatment in line with current guidelines.

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

A range of clinical audits was completed to ensure patients received effective and safe care, although we noted that sample size for the dental care records was small.

#### Helping patients to live healthier lives.

The practice provided preventive care and supported patients to ensure better oral health. The practice sold a range of sundries including interdental brushes, mouthwash and dental floss.

#### **Consent to care and treatment**

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

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 patient care records in line with recognised guidance.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

#### **Effective staffing**

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

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

#### Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. However, patients' private referrals were not actively tracked and monitored to ensure their timely management.

# Are services caring?

### **Our findings**

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

#### Kindness, respect and compassion

Patients stated on the surveys we reviewed that they felt respected as an individual and that they were listened to by members of the dental team.

Staff told us of some of the practical ways they supported nervous patients to attend their treatment.

#### **Privacy and dignity**

Staff were aware of the importance of confidentiality and the waiting area was separate from the reception desk, allowing for greater privacy.

Computer screens at reception were not overlooked and staff password protected patients' electronic care records and backed these up to secure storage. Archived patients' notes were held securely.

#### Involving people in decisions about care and treatment

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

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The dentist explained the methods they used to help patients understand their treatment options. These included the use of dental models, photographs, drawings and videos.

# Are services responsive to people's needs?

### **Our findings**

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

#### Responding to and meeting people's needs

The practice had made reasonable adjustments, including ramp access, an accessible toilet and a portable induction loop. Staff told us that railings were to be added to the entry ramp to make it even safer for wheelchair users.

Staff could access translation services for patients who did not understand or speak English.

#### Timely access to services

The practice displayed its opening hours and provided information on their website.

At the time of our inspection the practice was able to take on new patients. Patients could access dental care from the practice within an acceptable timescale for their needs, with waiting times for treatment at about 1 to 2 weeks.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. A rota system was in place with other local dentists to provide emergency out of hours emergency cover.

Patients could sign up for an email appointment reminder service, and reception staff often rang patients as well.

#### Listening and learning from concerns and complaints

Information about how patients could raise their concerns was available in the waiting area, although could be made more easily visible to patients. The practice responded to concerns and complaints appropriately and we saw that complaints were discussed at practice meetings so that any learning from them could be shared with the staff team. Complaints were also logged and monitored centrally by the provider to ensure their effective management. Records we viewed in relation to one complaint showed it had been responded to in a timely and appropriate way.

# Are services well-led?

### **Our findings**

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

#### Leadership capacity and capability

The practice staff demonstrated a transparent and open culture in relation to people's safety.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. We found that the practice manager was well supported by a compliance and regional manager who visited regularly to assist in the management of the service.

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#### **Culture**

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They reported that the practice manager was approachable and listened to their needs.

Staff discussed their training needs during annual appraisals, evidence of which we viewed.

#### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

Communications systems in the practice were good with regular staff meetings and specific social media groups to ensure important information was shared across the staff team.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

#### Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

#### Engagement with patients, the public, staff and external partners

The practice gathered feedback about its service using a questionnaire that asked patients if they felt respected by the dental team, if they had been involved in treatment decisions, and the cleanliness of the practice amongst other things. Patients were actively encouraged to leave on-line reviews, and at the time of our inspection the practice had scored 4.8 stars out of 5, based on 74 reviews. The manager had responded to each one. In addition to this, the practice was about to launch a new feedback system where patients would be sent a text following their treatment asking them to comment on it.

# Are services well-led?

Feedback from staff was obtained through surveys, meetings and informal discussions. Staff were encouraged to offer suggestions for improvements and their requests for new instruments and uniforms had been actioned.

#### **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, and infection prevention and control (although this was not undertaken as frequently as recommended). Staff kept records of the results of these audits and the resulting action plans and improvements.