

# Townley House Dental Practice Limited Thrapston Dental Centre

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 19 October 2015 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 not providing safe care in accordance with the relevant regulations

##### **Are services effective?**

We found that this practice was not 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 not 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**

Thrapston Dental Centre provides private dentistry to approximately 1000 registered patients. It is owned and run by Townley House Dental Practice Limited which runs two other dental practices, one based in Northamptonshire and the other in Lincolnshire. Some employed staff also work at the other practice locations. At the time of our inspection, Thrapston Dental Centre was staffed by two dentists, a practice manager, two dental nurses and a receptionist. There are two treatment rooms available at the practice although we found only one was currently in use for treating patients. The practice opens Monday to Thursday 8.30 to 5.15pm closing at an earlier time of 4.30pm on Fridays. The practice also closes for lunch each day from 1.15 until 1.45pm. Appointments were limited to Monday, Wednesday and Friday afternoons, and all day on Thursdays.

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.

Six patients provided feedback about the service. They told us staff were welcoming, professional and

# Summary of findings

supportive. Patients told us they were happy with the care and support they received. Their treatment plans were always explained and they were made aware of the costs before they started any treatment.

## Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Staff had an appropriate level of knowledge about safeguarding patients and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies; appropriate medicines were available although life-saving equipment was not accessible.
- Infection control procedures were in place and the practice followed published guidance.
- Most patient care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The complaints system was not well established and there were limited systems in place to capture feedback from patients about the service.

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

- Ensure there is an effective process in place for recording accidents and other significant events so that appropriate action and learning takes place.
- Ensure the recruitment policy and procedures 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 protocols for the completion of dental records are reviewed giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

- Ensure audits of various aspects of the service, such as radiography and dental care records are undertaken at regular intervals to help improve the quality of service. Audit outcomes should have documented learning points and the resulting improvements must be demonstrated.
- Ensure that the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Review the complaints process and ensure that each stage of the complaints process is recorded and that learning is identified to improve the service.

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

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review at appropriate intervals the training, learning and development needs of individual staff members and have an effective process established for staff appraisals.
- Tailor all policies and procedures to the specific requirements of Thrapston Dental Centre and fully adopt these as working documents to support the effective management of the practice. Check that records relevant to the management of the practice are available at the practice at all times.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum to ensure that the clean and dirty flow of dental instruments is clear. Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review records of staff immunity for Hepatitis B so that they are updated.
- Segregate and dispose of waste in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).

# 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 not providing safe 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 practice did not have a system in place to ensure that they learned from any accidents, incidents or significant events. Staff were able to demonstrate appropriate knowledge of safeguarding procedures and were following essential standards for the decontamination of dental instruments. Emergency medicines were readily available although we found that other items of equipment used for managing medical emergencies were not available. For example there was no automatic external defibrillator. Some dental materials used to treat patients were out of date. Recruitment systems, clinical waste procedures and systems for monitoring safe use of X-ray equipment all required improvement.

### **Are services effective?**

We found that this practice was not providing effective 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).

When we spoke with clinical staff they described the steps taken to assess each patient's needs and demonstrated their knowledge of national guidelines. For example using dental X-rays and follow up appointments. Records of patient care were limited and did not show clear detail of treatment plans, discussion with the patient or the process followed for gaining consent. There was no tracking system in place for monitoring referrals to other specialists. Whilst staff did receive some mandatory training, there were no training plans and staff appraisals did not include personal development plans.

### **Are services caring?**

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

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

Staff treated patients with dignity and respect and ensured their privacy was maintained. Patient information and data was handled confidentially. Patients told us that staff were caring, professional and supportive. Treatment was clearly explained and patients were provided with treatment plans and costs. Patients were given time to consider their treatment options and felt involved in their care and treatment.

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

We found that this practice was not providing responsive 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 availability of appointments met the needs of registered patients and emergency care was accessible out of hours. A practice leaflet was available but this did not make reference to opening hours or the appointment times that were offered. The facilities were based on the ground floor and the practice could make reasonable adjustments to accommodate patients with a disability. Support was available to patients who had difficulty understanding care and treatment options if it was required. The practice had a complaints policy that had been introduced in June 2015. We found the process had not been fully established.

# Summary of findings

## **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).

Leadership of the practice was clear and staff understood their roles and responsibilities. Regular staff meetings took place and these were recorded and shared. Staff told us they felt supported by the practice manager and they worked well together as a team. However the systems used to monitor the overall quality of the service required improvement. For example opportunities to learn from incidents, accidents and complaints were not used to improve the service. There was no system in place to seek feedback from patients.

# Thrapston Dental Centre

## Detailed findings

### Background to this inspection

The inspection was led by a CQC inspector who was supported by a specialist advisor and a second CQC inspector.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included their latest statement of purpose and the details of their staff members.

We also reviewed the information we held about the practice and consulted with other stakeholders, such as NHS England area team and Healthwatch; however we did not receive any information of concern from them.

During the inspection we talked to patients using the service, interviewed staff, observed the general environment, staff actions and we reviewed documents.

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

The practice did not have a system in place to learn from and make improvements following any accidents, incidents or significant events. We found a complaint had led to the practice identifying an error on their computer system with patient recalls. The complaint had been dealt with but it had not been recognised as a significant event. There was an accident book on the premises but no accidents had been recorded. The practice manager told us there was no policy in place to help staff identify, report and investigate incidents. A complaints system was being developed but was not yet established. The practice manager told us that when patients raised a complaint, these were dealt with quickly by speaking with the patient.

### Reliable safety systems and processes (including safeguarding)

The practice manager was the lead for safeguarding and had completed enhanced safeguarding training. They were able to demonstrate their knowledge of how to identify and report potential safeguarding concerns to the local authority. A process of regular safeguarding training updates was in place for all staff. When we spoke with staff they were able to describe potential safeguarding concerns and how they would take action to report concerns.

Staff we spoke with confirmed that patients were always seen by two members of the staff team which meant there was always a chaperone present.

Rubber dam kits were available in the treatment rooms. We spoke with the principal dentist who described how these were used for patients having root canal treatment. We reviewed a set of patient records to support this and found they did not detail the decision making process for the use of rubber dams.

### Medical emergencies

The practice held a stock of emergency medicines in line with the British National Formulary guidance for medical emergencies in dental practice. We checked the emergency medicines and found they were all within their expiry date. Although staff completed a monthly medicines check, the records did not support that appropriate details were being checked each time.

The oxygen cylinder was in date and contained an adult sized face mask. No paediatric mask was available. There was no portable suction unit for use in emergency situations. The practice did not have an automated external defibrillator (AED) on its premises, in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. There was no documented risk assessment to support this decision. An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

We also found the practice did not have a first aid kit available.

Staff had received appropriate training in managing medical emergencies.

### Staff recruitment

The practice had a full complement of staff at the time of the inspection. We spoke with the most newly recruited member of staff (recruited in June 2014). They described the recruitment process and confirmed they had received an induction to their role.

The practice manager told us there was no recruitment policy in place to ensure a consistent and effective process was followed. When we checked there were some recruitment process reference documents and guidelines but these had not been tailored to the needs of the practice. An interview prompt sheet was available but it was unclear when this had been developed.

We reviewed three staff recruitment files and found that records were inconsistent. Two staff who had been employed since January 2013 did not have any evidence of references on their recruitment files. One staff member did not have evidence of a disclosure and barring service check and there was no photographic proof of identification on any of the staff recruitment files. We did not see evidence that the practice had a documented policy that detailed which staff required a DBS check. There was no evidence on staff recruitment files to demonstrate that the recruitment process had been followed.

### Monitoring health & safety and responding to risks

We found the practice had a clear system in place to ensure that equipment was regularly checked and safety tests were completed.

# Are services safe?

A general risk assessment of the practice had been completed. Staff were mindful of the need to reduce risk of injury to patients within the practice. For example, they told us they had suggested the purchase of an umbrella stand to reduce the risk of umbrellas dripping onto the wooden floors that could cause a patient to slip.

We found the practice did not store clinical waste safely. The clinical waste was removed from the treatment room and placed into a clinical waste bag stored within the decontamination room. The bag was stored on the floor and not in an appropriate hands free waste bin which meant there was a risk of cross contamination. A contract was in place with an external company to remove the waste bag every two weeks. The bag was not sealed and the decontamination room was not locked although a sign on the door read 'staff only'.

We spoke with a member of staff who had responsibility for completing fire safety checks. We saw that the emergency lighting, smoke and fire alarms were regularly tested, Fire drills had taken place every six months and fire marshals had been appointed. However, staff files did not show evidence of fire safety training.

## Infection control

The practice was visibly clean and tidy. The staff were responsible for environmental cleaning and we found there were satisfactory cleaning checklists in place.

There was an infection control policy in place which named the principal dentist and practice manager as the leads for infection control.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the essential processes and practices to prevent the transmission of infections. Decontamination of dental instruments took place in a dedicated room in the practice. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

We found that in general the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices. This included regular testing of the dental

water lines and daily checks of the autoclave to make sure it was working correctly. However the signage for the separation of clean and dirty areas and the work flow needed to be made clearer.

We saw there was appropriate personal protective equipment available in the treatment room and decontamination room and staff described how it was used.

A recent infection control audit had been done but the issues and outcomes were not clearly recorded. This meant that the practice was unable to demonstrate that infection control quality checks were effective.

Sharps bins were not available in the treatment room. Staff informed us that the dentist dismantled the sharps and placed them in the dirty box for transportation to the decontamination room, where a sharps box was present. The practice had not completed a specific sharps risk assessment to determine the risks of sharp injuries to ensure that staff were not exposed to un-necessary risks. The practice manager completed one following the inspection to demonstrate that action had been taken. The sharps injury policy had not been tailored to local needs. There were no emergency contact numbers or locations detailed to guide staff on the action to take.

The practice was not able to demonstrate they held an up to date list of the Hepatitis B status for all its staff.

The practice had a legionella risk assessment in place and conducted regular tests on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved.

## Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT) took place on all electrical equipment. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

Medicines and dental materials used during treatments were checked and ten items were found to be out of date. We alerted the practice manager who removed them immediately. Stocks of dental instruments seemed to be

# Are services safe?

sufficient and staff told us they had enough supplies to meet demands. Dental instruments were correctly packaged and the stock was rotated to ensure that items were used within the expiry dates.

## **Radiography (X-rays)**

We found the X-ray equipment had last been serviced in April 2015. The principal dentist was accountable for the safe use of X-rays at the practice.

The local rules for the X-ray equipment were displayed in the treatment room. We noted this was a paper copy and had not been laminated so that it could be easily cleaned. The document was not dated and named the principal dentist as the radiation protection supervisor.

We asked to see the X-ray equipment log and the current local rules. The manager informed us these were at the practice in Oundle and would be sent following the inspection. Documents we received after our inspection included two sets of local rules for each treatment room although they were undated. During the inspection, we also asked for evidence of critical examination packs of the X-ray sets but found these were not in use. We advised the practice to approach their radiation protection advisor for further advice.

An audit of X-rays had been completed but the practice were unable to show us the results had been reviewed and any resulting actions taken.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients attending the practice for a consultation received an assessment of their dental health after supplying a medical history covering their health conditions, current medicines being taken and whether they had any allergies.

The dentist we spoke with described that dental assessments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. However, when we looked at the dental care records to support this, we found they contained very limited information and did not provide a clear record of the assessment.

Following clinical assessment, the dentists followed the guidance from the Faculty of General Dental Practice before taking X-rays to ensure they were required and necessary. Dental care records supported this.

Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

Patients requiring specialised treatment such as conscious sedation were referred to other dental specialists. Their treatment was then monitored after being referred back to the practice once it had taken place to ensure they received a satisfactory outcome and all necessary post procedure care.

Patients spoken with during the inspection told us they were very satisfied with the assessments, treatments and information they received.

### Health promotion & prevention

The dentist described the preventative dental information that was discussed where relevant, with the patient such as smoking cessation advice and alcohol consumption guidance but dental care

records were not clear enough to support this. Patients we spoke with confirmed they received health promotion advice.

The dentists routinely checked the health of patient's gums and soft tissues in the mouth. They gave advice on treating gum disease and the prevention of decay. There was no dental hygiene therapist at the practice but appointments could be arranged at the practice in Oundle if required. There was no health promotion information for patients in the waiting room or on the practice website.

### Staffing

One dentist supported the principal dentist at the practice in Thrapston. In addition there were two dental nurses, a practice manager and a receptionist.

We saw certificates of training to demonstrate that some key training had been completed such as infection control, safeguarding and medical emergencies. However, there was no overall training plan to identify topics of training the practice considered to be mandatory and there was no clear system in place to monitor staff training

There was an appraisal process in place for staff but this did not include the practice manager. The appraisals that were in place did not include details of a personal development plan. There was no evidence available of the continuing professional development of the dentists or any peer review taking place.

The practice did not use locum dentists or nurses but used staff from the other practices owned by the provider if required.

Monthly meetings took place at the practice in Oundle and all staff, with the exception of the receptionist, attended these. Minutes were available and the receptionist felt this was adequate. If they had any further queries they were able to discuss things with the manager or other colleagues who were very approachable.

### Working with other services

The practice had a policy in place to refer patients to their other practices if applicable or, to other specialists if the treatment required was not provided by them.

The dentist told us that when a referral was required, the care and treatment was explained to the patient and they were advised about the best treatment centres to attend. A detailed referral letter was then prepared and sent out that

# Are services effective?

(for example, treatment is effective)

day to avoid any delays. However, there was no tracking system in place so that referrals could be monitored. We saw no evidence of the referral letters that had been sent and the practice did not provide patients with a copy of their referral letters. Following treatment, the patient was discharged back to the practice for further follow-up and monitoring.

Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using their referral process. They were unable to locate examples of this to confirm the process was followed in the dental care records.

## **Consent to care and treatment**

The practice had a consent policy to support staff in understanding the different types of consent a patient could give and whether it could be taken verbally or in writing. It also contained guidance on gaining consent from children under the age of sixteen and details about assessing mental capacity and the Mental Capacity Act 2005. The policy was undated. Staff we spoke with told us they had read the policy and they had ready access to it. They were able to describe the ways they gained consent and checked that each patient understood the information they had given to them to make an informed decision. However dental care records did not always include clear details of the consent process gained.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We observed that staff greeted patients in a polite and welcoming manner. Staff responded to patients in a respectful and helpful way and did not disclose personal information that could be heard by other patients in the waiting room. Staff who worked on reception told us they were able to build relationships with their patients who attended the practice regularly and this helped to put them at ease if they were anxious.

Dental nurses we spoke with were able to describe the caring approach they took to assuring patients, building their confidence and trust in the service. They were sensitive to the needs of more vulnerable patients and took steps to ensure their visit to the practice went as smoothly as possible. For example if the patient lived in a care home they made contact with them before their appointment to review and update their health information prior to the visit.

Patients we spoke with in person or by telephone on the day of the inspection all gave very positive comments about the caring and supportive attitude of the staff at the practice.

### **Involvement in decisions about care and treatment**

We received comments from patients who told us they received a good level of information about their treatment or general dental needs that enabled them to make choices about their treatment. They also felt able to ask their dentists questions about their treatment and told us they were happy with the outcomes of their treatment. Patients we spoke with confirmed they received information about their dental costs prior to any treatments taking place.

We spoke with staff who gave us examples of individualised care that enabled patients to make their own decisions. For example a patient with a learning disability always attended with a carer. Staff ensured that they spoke directly to the patient when explaining any treatment and asking questions and presented information in a way they could understand and enabled the carer to support them. Dental care records about patient choices and decision making could be further improved.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice website explained some of the services offered to patients such as orthodontics, white fillings, crowns and implants. We noted it did not make clear that regular check ups and an ongoing assessment of dental health was also part of the service. The same information was available in the practice leaflet. The practice provided dentistry services to private patients who could pay for their treatments through a monthly payment scheme or pay for treatment as it was needed. Costs were available on the practice website and this included details of different levels of payment schemes. Although leaflets about the payment schemes were readily available in the practice waiting room, no "pay as you go" fees were displayed.

Staff we spoke with said the practice scheduled enough time with each patient to assess and undertake their care and treatment needs. When we spoke with patients, they told us they did not feel rushed by the staff and they felt able to ask questions about their dental health and treatments.

We spoke with staff who explained that the length of appointments was determined by the patient's need. For example a new patient assessment and examination was allocated 25 minutes and a standard check-up 15 minutes. If a patient required treatment the length of time was determined by the dentist and a convenient appointment was agreed with the patient. Two dentists worked at the practice and also at two other practices owned by the provider. Staff told us, and a review of the appointments system helped to confirm to us that this was sufficient to meet the needs of patients currently registered there. When patients called to make an urgent appointment, staff arranged to fit them in that day and they were advised they may have to sit and wait for a little while. Alternatively they could be offered an urgent appointment at the practice in Oundle if the patient was in agreement. If the patient was not registered with them, but required an appointment, they were always advised of the fees before the booking was confirmed.

### Tackling inequity and promoting equality

The dental practice provided services to patients on the ground floor of the building which gave easy access for patients. There was a small step at the front door and a

portable ramp could be fitted if this was required. Staff told us that five registered patients required this. When they booked for an appointment, staff prepared the ramp in advance and also added extra time for their appointments. They told us that it was also possible to treat patients in their wheelchairs if relevant to do so.

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they welcomed patients from different backgrounds, cultures and religions. There were very few patients with a limited understanding of the English language. Staff were aware of, and had access to interpreting services should the need arise. A hearing loop was available at reception but staff were unsure if this could be used in the treatment rooms.

### Access to the service

The practice offered a range of general dental services to approximately 1000 patients who paid privately for their treatment. It opened Monday to Thursday 8.30 to 5.15pm closing at an earlier time of 4.30pm on Fridays. The practice also closed for lunch each day from 1.15 until 1.45pm. These opening times were detailed on the website but were not in the practice leaflet. We also found that appointments were not offered every day. Dentists were available for appointments on Monday, Wednesday and Friday afternoons and all day on Thursdays.

The interval in between routine check-ups was determined by each dentist in line with national guidelines. We spoke with patients who confirmed this. Patients also told us they had good access to routine and emergency appointments. One patient told us they had called that morning for the emergency appointment they were attending.

If patients called when the practice was closed, an answerphone message gave them the telephone number of the on call dentists. This information was also on the practice website but was not detailed in the practice leaflet.

### Concerns & complaints

The practice had an appropriate complaints policy in place that had been shared with staff in June 2015. The practice manager was responsible for dealing with any complaints received and information on the practice website informed

# Are services responsive to people's needs?

(for example, to feedback?)

patients to direct any concerns to them. Staff also told us they would always try to address concerns or complaints if it was possible to do so otherwise issues were referred to the manager.

The practice showed us that three complaints had been received since January 2015. However the evidence indicated that the complaints process was not yet established. The manager told us that the complaints had been dealt with verbally, either by telephone or a face to face meeting but records had not been made at the time.

Development of the procedure was still in progress although they were able to tell us that action had been taken as a result of the complaints raised. For example a system error was detected in the patient recall system. The patient received an apology and was financially compensated. However, the potential error risk for other patients had not been fully investigated.

Patients we spoke with told us they would raise any concerns they had with any of the staff although they had not needed to do so.

# Are services well-led?

## Our findings

### Governance arrangements

The practice did not have a clinical governance policy and quality monitoring processes were limited. Some policies and procedures were in place but were not always dated to evidence that they were current. For example the recruitment policy was not appropriate and the local rules for the use of the X-ray equipment was not dated.

Systems in place to identify, assess and review incidents and complaints were not established therefore evidence of learning and improving the service was limited.

Regular checks and tests undertaken in relation to the decontamination processes were in place in accordance with national guidelines. However, the use of an effective infection control audit had not been established. Systems to manage the safety and maintenance of the building were effective.

Patient care records we reviewed were not always complete and there were no formal records audits in place. Information was stored securely to protect patient's confidential information.

Staff meetings took place each month although there was no clear structure to ensure that key issues were regularly reviewed and discussed. For example, staff meeting minutes showed that the poor quality of records had been raised with staff in April 2015. There was no evidence that a formal audit had taken place or that further action had been taken. Dental care records we reviewed showed that there was insufficient detail about the assessment, care and treatment provided to the patient.

### Leadership, openness and transparency

The principle dentist and practice manager had named responsibility for leadership of the practice and staff told us they were approachable and supportive. However, there were no management meetings in place to review and discuss the practice's performance or how to plan further improvements.

There was a clear leadership structure in place and staff understood their roles and responsibilities within the practice.

Staff were involved in regular team meetings and minutes of these were available for staff reference. The staff we spoke with told us that they worked within a supportive team whose overall aim was to provide a high quality patient centred service. All staff knew how to raise any issues and were confident that action would be taken by the practice manager.

### Learning and improvement

We saw evidence of training and some continuing professional development for most staff. However, there was no overarching training plan or a system to ensure that mandatory training was completed. Staff appraisals were in place but there were no clear development plans or goals identified. The manager had not received an appraisal and had no development plan to complement the role.

The practice had not carried out any X-ray audits which were not in line with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000. There was no evidence of a regular audit plan in place.

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

The practice was not proactive in seeking feedback from its patients. They had not completed a patient survey and there was no comments box available at reception or in the waiting room. Patients could contact the practice through a general on-line form available on the practice website but this was not advertised as a feedback form. The practice leaflet did not include information on gathering patient feedback.

When we spoke with staff they told us they addressed any concerns or issues raised by patients as they occurred but this was not captured.

Staff told us they were able to raise ideas and issues with the practice manager and there were monthly staff meetings in place. It was not apparent from the minutes of the meetings that staff contributed items to the meeting agenda. They also told us a staff suggestions box had recently been put in place at the Oundle practice. Most staff split their work time across the two sites and had access to this.

## 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

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

**The complaints process had not been established. There were insufficient records detailing the actions taken in response to complaints.**

Regulation 16 (2)

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The practice did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided. There was no effective process for recording accidents and other significant events to ensure that appropriate action and learning takes place when accidents or incidents occur.**

Regulation 17 (1)(2)(a)

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**The practice did not have an effective recruitment process in place. There was insufficient information on each person employed as specified in Schedule 3 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.**

Regulation 19 (1)(2)(3)(a)