

# Townley House Dental Practice Limited

# Townley House Dental Practice Limited

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 6 March 2017 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

#### **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**

Townley House Dental Practice is located in the town of Oundle in a three storey Grade II listed building. The owner also runs two other practices in Lincolnshire and Northamptonshire. The practice provides a wide range of dental services for patients who pay privately for their treatment. The practice has four dental treatment rooms a dedicated decontamination room and a spacious waiting room. Patient services are provided on the ground and first floors of the building.

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.

As part of the inspection, we received feedback through 38 CQC comments cards completed by patients, spoke with other patients as well as eight members of staff during the inspection. Patients commented that they had confidence and trust in the staff who respected them and put them at ease.

# Summary of findings

## Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained. Although we found the emergency medical equipment did not have relevant needles and syringes for administering emergency medicines, the practice took immediate action to order the items.
- There were sufficient numbers of qualified staff to meet the needs of patients and staff had received training in managing medical emergencies and had access to relevant equipment.
- Staff had access to training to maintain their ongoing professional development. However, we found staff had not all completed essential training in some key areas.
- Infection control procedures were in place and the practice followed published guidance. However, we found the practice needed to review the risks associated with handling sharp instruments and staff knowledge and understanding of the management of legionella.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- A number of policies and procedures were in place although some were unclear and required a review in line with best practice guidelines.
- Some governance arrangements were in place for the smooth running of the practice; however some systems and processes used to identify, assess and mitigate risks were not fully established for example, recruitment procedures and systems to safeguard adults and children. Opportunities to learn from complaints and accidents were not always taken.

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

- Ensure effective systems and processes are established to assess and monitor the service against

the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and national guidance relevant to dental practice. This includes;

- receiving and responding to patient safety alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA).
- implementing an effective system to identify, investigate and review incidents, significant events and near miss incidents so that learning is shared.
- providing relevant training, to an appropriate level, for all staff in the safeguarding of children and vulnerable adults, the Mental Capacity Act 2005 and Gillick competency. Introduce safeguarding policies which are clear and accessible to staff.
- implementing a detailed recruitment policy and procedures ensuring the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

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 the practice's arrangements for storing all medicines in accordance with manufacturer's instructions. If glucagon is stored in the refrigerator, ensure the fridge temperature is monitored and recorded.
- Review the practice's waste handling policy to ensure that waste is securely stored in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review the frequency of fire drills and outstanding actions from the last fire risk assessment.
- Review sharps handling procedures in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review patient access to health promotion leaflets.

# 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.

Accidents were recorded and appropriate action taken although there was no evidence of a system to identify learning and improvement. No incidents or significant events had been reported however, there was no process to help staff identify and record them so that issues could be investigated. There was no evidence to show that patient safety alerts were received and actioned. Guidelines for reporting safeguarding concerns were unclear and not all staff had received the relevant training to demonstrate their knowledge. Recruitment procedures were not robust and we found there were some gaps in the recruitment checks completed.

Emergency medicines and equipment were available although some items were not stored in line with recommended guidelines. The practice had good infection control procedures in place to ensure that patients were protected from potential risks. Equipment used in the decontamination process was maintained by a specialist company and regular checks were carried out to ensure equipment was working properly and safely. X-ray equipment was well maintained and records in relation to X-rays were clearly documented.

No action



### Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice Guidelines, a professional membership body that supports standards of dentistry practice. Patients received a comprehensive assessment of their dental needs and records of patients' medical histories were kept up to date. Explanations about their treatment were given to patients in a way they understood. Risks, benefits, options and costs were explained. Patients were referred to other services in a timely manner and staff followed appropriate guidelines for obtaining patient consent. However, staff needed to review guidelines in relation to Gillick competency as well as the Mental Capacity Act 2005.

The staff were able to access professional training and development appropriate to their roles and an appraisal process was in place. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

No action



# Summary of findings

## Are services caring?

We found that 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 considerate, listened to their needs and put them at ease. Treatment was clearly explained to patients and they were provided with treatment plans and costs. Patients were given time to consider their treatment options and felt involved in their care and treatment.

No action



## Are services responsive to people's needs?

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

Appointment times met the needs of patients and staff told us there were sufficient appointments available to meet patients' needs. Information about emergency treatment was made available to patients when they telephoned the practice as part of a recorded message and this was also available on the practice website. There were neither dental health promotion leaflets nor a practice information leaflet available in the waiting room for patients to take away. The service was accessible to patients with a disability and patients who had difficulty understanding care and treatment options were supported. A policy was in place to deal with complaints in an open and transparent way. We saw that complaints had been managed in accordance with the policy although learning from complaints was not always identified and shared with the team. Patients received an apology when things went wrong.

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 Notice section at the end of this report).

Although there were some systems in place to monitor the overall quality of the service, some systems to identify, assess and manage risks were not effective. For example systems to manage safety alerts, accidents, incidents and significant events were not fully established. Safeguarding policies were unclear and staff had not all received the relevant training. Recruitment procedures were incomplete and there were gaps in recruitment records.

A number of practice policies were in place and reviewed on a regular basis. However, some did not contain sufficient detail or did not reflect national guidelines.

Overall leadership of the practice was clear and the practice manager worked hard to lead Townley House Dental Practice as well as two other practices. The practice team met formally on a monthly basis and communicated day to day issues on a more informal basis. Staff told us they felt supported by the dentist and practice manager and they worked well together as a team.

Requirements notice



## Summary of findings

Patient feedback was sought and considered in order to improve the service.	
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# Townley House Dental Practice Limited

## 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.

This inspection took place on 6 March 2017 and was led by a CQC Inspector who was supported by a specialist dental advisor. Before the inspection, we asked the practice to send us some information for review and this included a summary of complaints received.

During the inspection we spoke with two dentists, the hygienist, three dental nurses, the practice manager and two reception staff. We reviewed policies, procedures and

other documents. We also obtained the views of two patients on the day of the inspection and received 38 comment cards that we had provided for patients to complete during the two weeks leading up to the inspection.

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 had a process in place for reporting and recording accidents. An accident book was in place and two accidents had been recorded in the last two years which had been managed appropriately. An accident reporting policy referred to the reporting process. However it did not contain reference to the accident being investigated so that learning and improvement could be identified. The accident policy also referred to RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice manager understood the basic principles of the reporting procedure.

We asked for information about reporting significant events or incidents. We found that no other incidents had been reported. The practice had a detailed policy in place for managing information incidents for example, lost or misfiled patient information and included ensuring that lessons learned were shared. However, there was no process in place to help staff recognise report and act on significant events, incidents and near miss incidents. Staff were not familiar with these terms.

We spoke with the principal dentist about national patient safety alerts such as those relating to medicines or the safety of clinical equipment and alerts from NHS England. He told us he had signed up to receive these alerts by email but was not able to evidence any examples that had been received, shared with staff and actioned. The practice manager was also unable to evidence this.

The practice manager had a broad understanding of the principles of the duty of candour including the requirements to be open, honest and to offer an apology to patients if anything went wrong.

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

The practice had a number of policy documents in place for safeguarding vulnerable adults and children. Many of these were similar to each other and it was not clear which should be followed. The practice safeguarding children policy did not include the name of the designated lead for safeguarding at the practice or any local authority contact numbers. The practice manager was the designated lead for safeguarding concerns and had knowledge of the

escalation process to the local authority team if it was required. Information on the reporting process was available in the practice manager's office. We spoke with staff who told us they had minimal knowledge of safeguarding children as few children were seen at the practice. When we reviewed training records we found that some staff had completed a level two course in safeguarding children but others had completed minimal training to ensure they had sufficient knowledge to recognise and act on concerns. The safeguarding lead had completed safeguarding training for children at level three as well as safeguarding training for vulnerable adults. Evidence showed that some staff had completed safeguarding vulnerable adults training.

We spoke with clinical staff to ask about the use of rubber dam for root canal treatments. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. We found these were in routine use by dentists.

### Medical emergencies

Staff had access to an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. 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. Additional equipment included oxygen which was sufficient for use in a medical emergency. However, the practice had not considered whether a backup supply was required. The emergency equipment (including medicines) was checked by staff on a weekly basis in accordance with Resuscitation UK Guidelines 2013.

The practice had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We checked the emergency medicines and found that they were within their expiry dates. We noted there was an insufficient supply of needles and syringes for administering emergency medicines that were not in pre-filled syringes. The practice manager took immediate action to order these items. Staff had received update training in dealing with medical emergencies.

### Staff recruitment

All of the employed dental professionals had current registration with the General Dental Council, the dental





## Are services safe?

professionals' regulatory body. We found the practice had recruitment policies in place which provided some guidance about the recruitment checks that should take place such as proof of identity, employment history, references and evidence of relevant qualifications. These could be further improved to refer to; the advertising process, who interviews the applicants, the types of references that were acceptable and the practice's policy on the completion of disclosure and barring service checks (DBS). These are checks to 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. One member of staff had been recruited in the last year through a recruitment agency. We asked to review these records and found there was evidence of employment history and previous experience, photo identification and a DBS check. We asked for evidence of the interview and references but these were not provided.

We saw that relevant staff had received appropriate checks from the Disclosure and Barring Service (DBS).

### Monitoring health & safety and responding to risks

The practice manager led on health and safety issues and had completed a general risk assessment covering issues such as fire, electrical items, manual handling and sharps injury. There was also comprehensive information for the Control of Substances Hazardous to Health (COSHH) to ensure the safe storage and management of these products. Safety kits were available in the practice for cleaning and disposing of spillages of mercury or body fluids in a safe way. A first aid kit was also available and there was a designated member of staff as a first aider.

The practice had procedures in place to reduce the risk of injuries through the use of sharp instruments. It was the policy for dentists to handle and dismantle sharp instruments and the practice had not yet considered the use of safer sharps systems. The sharps risk assessment had been completed within the last year and staff had received immunisation for Hepatitis B. Staff knew how to take immediate action if a sharps injury occurred.

A fire risk assessment had been completed in April 2016 and recommended that a carbon monoxide monitor was fitted in the plant room. This had not yet been actioned.

Firefighting and detection equipment had been serviced however staff had not completed a fire drill in the last year. There were designated fire marshals and staff had received fire training. A further update was booked for April 2017.

### Infection control

The practice had a clear infection control policy that was regularly reviewed. The practice manager was named as the infection control lead and the decontamination of dental instruments was completed by the dental nurses. There was a dedicated decontamination room at the practice. We spoke with staff about the decontamination process and observed the procedures and practice that was being followed. We found that overall the practice was meeting HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control.

Infection control audits were completed every six months. The most recent audit in October 2016 demonstrated a good level of compliance. However we found that the assessment contained some inaccuracies due to a lack of knowledge for example the audit indicated a safer sharps system was in use and this was not the case.

We saw that the waiting area, reception and toilet were clean and tidy. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice. The dental treatment rooms were also clean and tidy with clearly marked zones for clean and dirty instruments. However, one treatment room had cluttered work surfaces and no obvious zoning. Dental items in the treatment rooms were within date and easily accessible.

The practice manager demonstrated the decontamination process they followed from taking the dirty instruments through the cleaning process to ensure they were fit for use again. The process of manual cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. Cleaned instruments were date stamped so that any unused instruments could be reprocessed if they exceeded the use by date. One dentist preferred the dental instruments to be stored in lidded boxes and reprocessed at the start of each day.

There were systems in place to ensure that the equipment used in the decontamination process was working





## Are services safe?

effectively. Records showed that regular daily, weekly and monthly validation tests were recorded in an appropriate log book. The dental water lines were maintained in line with current HTM 01 05 guidelines to prevent the growth and spread of Legionella bacteria (legionella is a term for a particular bacteria which can contaminate water systems in buildings). The practice had sought advice on managing legionella risks from an external advisor. A review of the legionella risk assessment was due in April 2017. We saw that staff followed recommended actions which included monitoring water temperatures, use of weekly and monthly cleaning solutions for dental equipment and managing the dental water lines.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. Arrangements were in place to ensure that an approved contractor removed clinical waste from the premises on a weekly basis. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained although the room for storing waste ready for removal by the contractor was not locked. Cleaning equipment for the premises was colour coded for use although cleaning equipment was not positioned to allow it to dry out in between use. The general cleaning was completed by an employed cleaner who completed daily schedules.

### Equipment and medicines

There were systems in place to check that the equipment had been serviced regularly and in accordance with the manufacturer's instructions. This included the items used for decontamination of the dental equipment, the dental chairs, electrical items and firefighting equipment.

An effective system was in place for the prescribing, dispensing, use and stock control of the medicines used in clinical practice such as antibiotics and local anaesthetics. We found that the practice stored prescription pads and medicines securely and completed a monthly audit of the

prescriptions issued and medicine stocks held. However the medicines were not stored in a suitable area because the room temperature was very warm and we found the temperature inside the medicines cupboard measured 26.4 degrees centigrade at the time of the inspection. The practice manager agreed to move the storage cupboard to an alternative cooler area. The practice held glucagon, a medicine for treating diabetic patients in an emergency situation. Although the medicine was stored in an appropriate fridge, the temperature of the fridge was not being monitored to ensure that it was stored at a relevant temperature to remain effective.

### Radiography (X-rays)

The practice had a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation in relation to the maintenance of the X-ray equipment. Included in the file was the critical examination pack for an X-ray installation completed within the last year. The maintenance logs were within the current recommended interval of three years. X-ray units in each surgery were fitted with rectangular collimators to limit the radiation dose a patient received during routine dental X-rays. Training records showed all relevant staff had received training for core radiological knowledge under IRMER 2000.

Radiographic audits were completed regularly for each dentist although this did not include an independent grading audit. We saw that dental care records included information when X-rays had been taken, how these were justified, reported on and quality assured. This showed the practice was acting in accordance with national radiological guidelines to protect both patients and staff from unnecessary exposure to radiation.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentists we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. The assessment for new patients included a written and verbal discussion with them about their medical history, health conditions, medicines being taken and any allergies suffered. Details of the assessment were recorded in the dental care record. Each patient's medical history was reviewed at each routine check.

Patients received an examination to assess the condition of their teeth, gums and soft tissues and this included a check for 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. Following the clinical assessment the result was discussed with the patient and any treatment options explained to them in detail. Where appropriate a health assessment using the basic periodontal examination (BPE) scores for the soft tissues lining the mouth, was used. BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on the treatment required.

Dentists provided preventative dental information to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as tooth brushing techniques or recommended tooth care products. Treatment options were discussed with the patient and a copy of a treatment plan was given if the treatment was particularly complex or costly. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

### Health promotion & prevention

Patients were provided with dental health advice from staff who used opportunities to promote dental and general health of their patients. Patients attending the practice were advised during their consultation of the steps to take to maintain healthy teeth. This included tooth brushing techniques, dietary, smoking and alcohol advice where it was appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. The practice also employed a hygienist to work alongside the dentists to deliver preventive dental care.

The practice sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area. There was limited dental health promotion information available to read or take away in the waiting area.

### Staffing

The practice was led by a principal dentist who also led two other dental practices. Two dentists, a dental hygienist, five dental nurses, a practice manager, cleaner and two receptionists completed the team. The patients we asked on the day of our visit said they had confidence and trust in the dental staff and this was also reflected in the Care Quality Commission comment cards we received.

The staff appeared to work effectively as a team and told us they felt supported by the practice manager. They felt they had enough staff to meet the demands of the service and they were able to cover planned leave within the team. Some planned and unplanned leave could also be covered by the practice manager or other part time staff.

All staff had received an annual appraisal and staff training certificates were held on file. The files we reviewed contained certificates for a wide range of training such as infection control, basic life support, safeguarding, equality and diversity, complaints and other online training related to health and safety and dental care. However, we found the provider did not have a policy that identified key training expected of staff, the frequency of training or the level of commitment for the provider as well as staff. This meant it was difficult for the practice manager to monitor progress with training overall although certificates were held on file. We also found that some staff had not completed key training in safeguarding and they had limited knowledge of the Mental Capacity Act and how this related to their work.

### Working with other services

When the practice were unable to provide expertise in a specialist treatment, patients were referred to an external service in either a primary or secondary care setting. The practice used appropriate referral criteria and referral forms and urgent referrals were made through a fast track system. These were followed up to ensure they had been received and actioned. Once a patient had received treatment from another provider, they were referred back to the practice for appropriate follow up care.



# Are services effective?

(for example, treatment is effective)

## Consent to care and treatment

Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in their dental records. Staff were aware of the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

We spoke with four dental staff about the principles of informed consent. We found that staff had knowledge of the consent process but were not confident in their knowledge of the Mental Capacity Act 2005 or Gillick competency. The Mental Capacity Act 2005 provides a legal

framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them. Gillick competency is a test to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Staff told us they treated a very small number of children so would seek any advice from the practice manager if they were uncertain about the consent process for a child or young person. However, they were unable to discuss examples of appropriate support to patients who might lack capacity to make their own treatment decisions.



## Are services caring?

### Our findings

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

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists so that conversations could not be overheard and patient's privacy was protected. Dental care records were stored electronically and computers were password protected and regularly backed up. Paper records were stored securely and care was taken to ensure that privacy of information was maintained. For example the computer screens were not overlooked and patient information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Before the inspection, we sent comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 38 completed cards and obtained the views of two patients on the day of our visit. All of the feedback we received provided a very positive view of the service provided. Patients commented that they had confidence and trust in the staff who respected them and put them at ease.

During the inspection, we observed that staff working on the reception desk and those greeting patients were polite and welcoming. Staff also told us about examples of their caring attitudes. For example putting nervous patients at ease and booking appointments for a patient with a learning disability with a particular member of staff they felt comfortable with.

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

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. Information about dental treatment plans was available in the waiting room although 'pay as you go' treatment costs were not displayed. The practice website gave details of the cost of treatment for patients as well as information and application forms for the dental treatment plans. The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. They took time to explain the options to their patient in order to provide support to them when making decisions about their care and treatment. We saw evidence in the records to support this approach.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice waiting area had some information on display that included key practice policies in cross infection, quality and complaints. There was no general dental health information or a practice leaflet available.

We spoke with reception staff about the appointments system and found that there were a sufficient number of available appointments. Appointments could only be booked up to three months in advance and patients were sent reminders to book their routine appointments. One or two urgent appointments were held each day for the dentists. If these appointments were fully booked, patients were offered the option of attending the practice and waiting until a dentist could see them. On the day of the inspection, we saw that a patient was offered a follow up appointments for three weeks' time and a patient with a more urgent need was booked into a next day appointment with their usual dentist. The dentists advised staff about the length of time required for each follow up appointment according to the treatment planned.

Staff took into account any special circumstances such as whether a patient was very nervous, had a disability or required complex treatment and booked the length of appointment that was most relevant to the patient's need. Comments we received from patients indicated that they were satisfied with the response they received from staff when they required treatment or an urgent appointment.

### Tackling inequity and promoting equality

The practice welcomed any patient who wished to access a private dental service. Staff had access to a translation service if a patient had difficulty in understanding information about their treatment although there had not been a need to use this. Staff explained they would also help patients on an individual basis if they were partially sighted or required assistance to complete dental forms. The practice had a hearing loop available to support communication with patients who used a hearing aid. The reception desk was at high level making it difficult for some

patients to speak with staff who were behind the desk. The building was accessible for patients who used a wheelchair by a portable ramp which was positioned for patients who required it prior to their visit. Two treatment rooms were on the ground floor. There was an accessible toilet although a baby change facility was not available.

Staff told us they treated all of their patients according to their individual need and with respect. At the time of the inspection the practice were accepting new patients for two of their dentists.

### Access to the service

The practice provided appointments from 8.20am until 5.15pm Monday to Thursday with early closing at 4.30 on Friday. Staff closed for lunch at 1.15 until 1.40pm. When the practice was closed, a recorded message on the practice telephone system advised patients of the number to ring to speak with the 'on call' dentist. This information was also available on the practice website.

### Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed. This included the person with overall responsibility for dealing with a complaint and the timeframes for responding. Information for patients about how to make a complaint was available in the waiting room and on the website. None of the patients who gave us comments about the practice had needed to make a complaint.

We spoke with staff about complaints and they told us they always tried to resolve the issue at the time if possible. Receptionists offered patients the opportunity to speak with their dentists or the practice manager if they could not resolve their concern.

The practice had received two complaints in the last twelve months. Records demonstrated that these had been acknowledged, investigated and a response provided to the patient in a timely way. However, records did not show that the complaints were shared with the wider team so that learning and improvement could be cascaded to all team members.

# Are services well-led?

## Our findings

### Governance arrangements

The practice manager had responsibility for monitoring the quality of the service with informal support from the principal dentist. However we found a number of shortfalls in the practice's governance arrangements and this impacted upon the overall safety of the service. For example, systems used to identify, assess and improve safety through the management of accidents, incidents, near miss incidents and significant events were not robust. There was no established system in place to receive, act upon and share patient safety alerts with relevant staff although the provider told us they would take swift action to address this.

The practice had a number of policies and procedures in place and we saw these covered a wide range of topics and were updated. However, some policies were unclear or did not include sufficient information to guide practice. For example, recruitment and safeguarding procedures. There was no electronic access to the policies although a paper copy was available in the practice manager's office. In addition, some clinical policies were available in the surgeries and decontamination room.

Monthly practice meetings were in place and these were led by the practice manager who also had responsibility for supporting two other practices. When we reviewed minutes of these meetings we found that some had included issues such as new items of equipment being installed, managing out of date stock and training events. We noted there were no standing agenda items to promote continuity for discussing quality issues such as audit feedback or learning from accidents or patient feedback. In addition, there were no clear action points to enable further review and ensure that actions were completed

The practice manager monitored the systems used to manage the safety of the environment which included fire safety, legionella and health and safety risk assessments. However we found that a recommendation following a fire risk assessment in April 2016 had not been actioned.

### Leadership, openness and transparency

The principal dentist, lead nurse and practice manager had established leadership roles and communicated with each other and members of the team, on an on-going basis. Staff

were clear about their own responsibilities and the practice manager worked hard to lead staff and ensure that this service, as well as two other practices run by the owner, ran smoothly for patients. They told us there was an open and supportive culture.

Practice meetings took place on a monthly basis and staff were encouraged to raise issues and share information. Alternatively, staff could approach the practice manager to raise issues on their behalf.

### Learning and improvement

Staff were supported to maintain their professional development and had access to online training as well as some face to face training that occurred in the practice. Personnel files were reviewed showed that staff completed update training on a regular basis. However, there was no clear system in place to monitor the progress of training the practice considered essential to each role and this should be improved.

Records demonstrated that dental staff all had a valid GDC registration. The practice had an appraisal system in place and staff told us they found this was useful.

Although the practice had systems in place for managing accidents and complaints this did not include a clear system to ensure that learning was identified, actioned and shared with staff to maximise opportunities to improve and enhance the service. Regular audits for infection control and dental X-rays were in place although opportunities for peer review and shared learning as a result of audits were limited.

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

The practice completed a patient survey twice a year. We looked at the results from the last year and found that feedback had been received from 30 patients. The survey showed that overall, patients were happy with the care and treatment they received. A few comments had been made and were considered by the practice manager. For example two patients said they had been kept waiting for their appointment with no explanation. Staff were reminded to ensure that in this situation, patients should be kept informed and provided with an apology for the delay. We



## Are services well-led?

looked at staff meeting records but did not see that patient survey results were discussed there. The practice could not provide other examples of change that had been made in response to feedback from patients.



## 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> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Townley House Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <ul style="list-style-type: none"><li>• There was no process in place to receive or respond to patient safety alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA).</li><li>• The registered person had not implemented an effective system to identify, investigate and review incidents, significant events, near miss incidents so that learning could be shared.</li><li>• The registered person had not ensured that all staff had received relevant training, to an appropriate level in relation to safeguarding, the Mental Capacity Act 2005 and Gillick competency. Safeguarding policies were not clear and accessible to staff.</li><li>• The recruitment policy was not sufficiently detailed and recruitment procedures were not fully in line with schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.</li></ul> <p>Regulation 17 (1)</p>