

# Dental Harmony Ltd

# Dental Harmony

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 30 January 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 regulations.

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

We found that this practice was not providing well-led care in accordance with the relevant regulations.

#### **Background**

Dental Harmony in Gants Hill London provides private dental treatment to patients of all ages. The provider told us that the patients visiting the practice were predominantly from the Lithuanian and Russian community.

Practice staffing consists of four associate dentists, orthodontic therapist, oral surgeon, orthodontist, two trainee dental nurses, two administrators and a practice manager.

The practice owner 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.

The practice is open Monday to Friday 10am to 8pm and Saturday 9am to 6pm

The practice facilities include two treatment rooms a decontamination room, reception/waiting area, and a staff room/kitchen.

15 patients provided feedback about the service. Patients who completed comment cards were very positive about the care they received from the service. Patients told us that they were happy with the treatment and advice they had received.

# Summary of findings

## Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- The practice sought feedback from patients about the services they provided and acted on this to improve its services.
- The practice had a procedure for handling and responding to complaints, which were displayed and available to patients.
- Equipment, such as the autoclaves, fire extinguishers and compressor had all been checked for effectiveness and had been regularly serviced.
- 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.
- Not all clinical staff had been trained to handle medical emergencies and not all recommended medicines and life-saving equipment were readily available.
- Infection control protocols were not being followed in line with recommended national guidance.
- The practice had not ensured that all the specified information relating to persons employed at the practice was obtained and appropriately recorded.
- Governance systems were not effective. The practice had not carried out radiography audits. The practice had carried out limited risk assessments to safeguard the health and safety of staff and patients.
- Not all staff had received safeguarding children and adults training; however staff knew the processes to follow to raise any concerns. The practice had whistleblowing policies and procedure and staff were aware of these and their responsibilities to report any concerns.
- Improvements could be made to ensure dental care records were being suitably completed in line with guidance provided by the Faculty of General Dental Practice.

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

- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

- Ensure systems are in place to assess, monitor and improve the quality of the service. This could include for example undertaking regular audits of various aspects of the service and ensuring that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure staff training and availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Ensure systems are put in place for the proper and safe management of medicines.
- Ensure the practice undertakes a Legionella risk assessment and implements the required actions giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'

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 infection control procedures and protocols taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Review the practice's safeguarding training ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and aware of their responsibilities.

# Summary of findings

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had a system for reporting significant events and staff were aware of how to utilise information through the use of Medicines and Healthcare products Regulatory Agency (MHRA) alerts.

Staff members including clinical staff had not received safeguarding children and vulnerable adults training, however staff were aware of the processes to follow to raise any concerns.

The practice had undertaken risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. Records we viewed reflected that the practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. However not all substances used at the practice that had a potential risk to safety of staff, patients and others had been recorded and graded as to the risk.

There was lack of appropriate arrangements in place to deal with medical emergencies and not all staff had completed annual training.

Infection control protocols were not being followed in line with national guidance- 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' guidelines. (HTM-105).

No action



### Are services effective?

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

The dentist told us they carried out a consultation in line with current guidelines such as those from the National Institute for Health and Care Excellence (NICE). This also included a review of the patients' medical history.

The staff and patients we spoke with on the day told us that patients were given advice about risks associated with alcohol and tobacco consumption and were given sufficient information about their proposed treatment to enable them to give an informed consent

Health education for patients was provided by the dentist and information leaflets were available within the practice waiting area. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

No action



### Are services caring?

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

No action



# Summary of findings

Patients were complimentary about the practice and how the staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

Patients felt listened to and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. Staff had a good awareness of how to support patients who may lack capacity to make decisions about their dental care and treatment.

## Are services responsive to people's needs?

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

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them. Complaints were investigated and responded to in a timely manner and a suitable explanation and where applicable an apology was offered.

Appointment times met the needs of patients and waiting times were kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen where possible on the same day or within 24 hours.

Patients who had difficulty understanding care and treatment options were suitably supported.

The practice had a procedure in place for dealing with complaints.

No action



## Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the dentists were very approachable and available for advice where needed.

The provider however did not have effective governance arrangements at the practice. Policies and procedures were not effective to ensure the smooth running of the practice

There was lack of oversight of staff's continuing professional development (CPD) activity and it was not being suitably monitored.

There were limited arrangements for identifying, recording and managing risks and monitoring and improving the quality through the use of monitoring tools and effective audits. Audits had not been carried out in key areas.

Requirements notice



# Dental Harmony

## 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.

The inspection took place on 30 January 2017 and was undertaken by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

The methods used to carry out this inspection included speaking with the practice owner, associate dentist, receptionist and one dental nurse, and reviewing documents, completed patient feedback forms.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed the practice's significant event records, the accident book and the minutes from practice meetings. There had been no incident in the last 12 months.

Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the partners.

The practice manager received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA); these were printed for staff reference.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. However not all substances used at the practice that had a potential risk to safety of staff, patients and others had been recorded and graded as to the risk.

We discussed the Duty of Candour requirement in place on providers and the registered manager demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients. The explanations were in line with the expectations under the duty of candour. [Duty of Candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

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

The practice owner was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and child protection. Details of the local authority safeguarding teams were readily available, as were the relevant safeguarding escalation flowcharts and diagrams for recording incidents. This information was also displayed for staff reference. Staff we spoke with demonstrated an

understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents; however not all clinical staff had completed child protection and adult safeguarding training.

The system for managing medical histories was comprehensive and robust. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were updated at each subsequent visit.

We noted that rubber dams were routinely used in root canal treatment in line with current guidance. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

### Medical emergencies

The practice had policies and procedures which provided staff with clear guidance about how to deal with medical emergencies; however not all staff had undertaken basic life support training.

Medicines we saw were within their expiry date. However, one of the recommended medicines- Buccal (oromucosal) midazolam which is a medicine used to stop prolonged epileptic seizures and is given into the buccal cavity (the side of the mouth between the cheek and the gum)] was not available and Glucagon (available commonly as an injection and is used to treat episodes of severe hypoglycaemia; the latter being defined as having low blood glucose levels that requires assistance from another person to treat.) was out of date.

Similarly, though the practice had a range of medical emergency equipment available, however portable suction, self-inflating bag and mask were not available.

The practice also did not have 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].



# Are services safe?

The principal dentist sent evidence the following day that an AED, buccal midazolam, Glucagon, portable suction and self-inflating bag had been purchased immediately.

## Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. We looked at recruitment records of all staff employed at the practice and found that improvements could be made to ensure this process was consistently followed.

The provider had an appropriate policy in place for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations.

Checks including, criminal record checks through the Disclosure and Barring Service (DBS), detailed job descriptions, which described staff's roles and responsibilities, current professional registration certificates and personal indemnity insurance were not available on the day of inspection for some staff members. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice owner sent evidence that documents that were missing on the day of our inspection are now in place.

## Monitoring health & safety and responding to risks

The practice had not carried out risk assessments to ensure they were prepared to respond to safety issues.

The practice had a health and safety policy and appropriate plans in place to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice.

There was a business continuity plan that outlined the intended purpose to help the practice overcome unexpected incidents and the responsibilities and duties.

## Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections.

There was a separate decontamination area. There were three sinks in the decontamination room in line with current guidance; one for hand washing; one for washing and one for rinsing dental instruments.

One of the dental nurses gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included manually cleaning instruments, use of an ultra-sonic bath, inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process. We looked at the sealed instruments in the surgeries and found that not all had an expiry date in line with the current recommendations.

Clinical waste bins were assembled and labelled correctly in each surgery and waste was stored appropriately until collection by an external company.

The treatment room was visibly clean and tidy. There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Paper hand towels and hand gel was available.

We were told the dental nurse was responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. External cleaning staff undertook domestic cleaning at the practice.

There was a procedure in place for managing needle stick injuries. Records showed that all clinical staff underwent screening for Hepatitis B, were vaccinated and had proof of immunity. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

However there was no sharps risk assessment in place.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a bacterium found in the environment which can contaminate water systems in



# Are services safe?

buildings) Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. Purified water was used in dental lines. Taps were flushed daily in line with recommendations.

However, a Legionella risk assessment had not been carried out and temperature checks were not being completed every month on water supply in the surgeries, toilets and decontamination room.

Infection control audits were carried out regularly; the last one having been undertaken in December 2016.

## Equipment and medicines

There were appropriate arrangements in place to ensure equipment was suitably maintained. Service contracts were in place for the maintenance of the compressor and autoclaves. The autoclaves were serviced in May 2016 and compressor was serviced in October 2016. The practice had portable appliances and had carried out PAT (portable appliance testing). Appliances were last tested in December 2016. However the ultra-sonic bath had not been maintained, as essential weekly and quarterly tests according to (HTM 01-05) guideline had not been carried out.

The practice had an effective system in place regarding the management and stock control of the dental materials used in clinical practice.

The dentists used the British National Formulary to keep up to date about medicines.

## Radiography (X-rays)

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of two of the X-ray equipment; however one of the X-ray machine's maintenance was overdue. The practice manager booked for a maintenance check to be carried out within in next two weeks.

Local rules were in place and had been signed and dated by all members of staff. In-house training regarding local rules had been given to all staff.

One of the associate dentists was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA). We also saw evidence of staff qualifications for radiation training. An inventory of all equipment being used was present and maintenance records were up to date.

The critical examination test, risk assessment and quality assurance documentation were present.

X-ray audits, to assess the quality of the X-ray and to also check that they had been justified and reported on, had not being carried out.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the course of our inspection we checked a sample of dental care records to confirm the findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), a social history recording habits such as eating and activity and an extra - and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed. However, improvements could be made to ensure consistency in the completion of dental care records.

### Health promotion & prevention

The dentist told us they provided patients with advice to improve and maintain good oral health, including advice and support relating to diet, alcohol and tobacco consumption.

The dentist were aware of and were using the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dentist provided advice to patients about the prevention of decay and gum disease including advice on tooth brushing technique and oral hygiene products. Information leaflets on oral health were available.

### Staffing

Staff had not undertaken training in safeguarding of adults and vulnerable children, and basic life support. The provider did not have effective systems in place to be assured of the continuing professional development (CPD) activity their staff had completed and what training needs were required by staff. (All professionals registered with the General Dental Council (GDC) have to carry out a specified

number of hours of CPD to maintain their registration). After the inspection the principal dentist sent us evidence that staff were now up to date with their training, apart from basic life support, which had been booked for all members of staff.

### Working with other services

The practice had processes in place for effective working with other services. All referrals were received and sent by fax/post/email using a standard proforma or letter. Information relating to the patient's personal details, reason for referral and medical history was contained in the referral. Copies of all referrals received and sent were kept in the patient's dental care records. We checked a sample of referrals received by practice and saw they were appropriately dealt with in the correct way.

### Consent to care and treatment

The practice had a consent policy for staff to refer to. The policy outlined how consent could be obtained and how it should be documented. The practice also had a folder with information relating to mental capacity, outlining how to assess if a person lacked capacity and what to do in such circumstances. Staff could demonstrate an understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions].

Staff ensured patients gave their consent before treatment began. Patients and staff told us that the intended benefits, potential complications and risks of the treatment options and the appropriate fees were discussed before treatment commenced. Patients said that they were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

# Are services caring?

## Our findings

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

We received feedback from 15 patients. Feedback was very positive. Patients told us that staff treated them with dignity, respect and empathy. We were given examples of how staff displayed these qualities including being attentive to their needs and ensuring privacy was maintained during treatment.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of and the secure handling of patient information. We observed the interaction between the nurse/receptionist and patients and found that confidentiality was being maintained. Dental care records were held securely.

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

The patient feedback we received confirmed that their dentist involved them in making decisions about their

dental care and treatment. They told us that the dentist always explained their treatments in a way that they could understand and allowed them time to consider the treatment options available and to ask any questions in relation to their care and treatment. They said that the intended benefits, risks and potential complications were explained so that patients could make informed decisions about their dental care and treatment. Patients also told us that they were given time to think about their options including being given a copy of their treatment plan.

The dentist we spoke with demonstrated that they understood the principles of the Gillick competency test and applied it. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. Staff told us that patients with disabilities or in need of extra support were given as much time as was needed to explain and provide the treatment required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. Emergency and non-routine appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had a dental emergency they were asked to come in and would be seen as soon as possible.

The services provided include preventative advice and treatment, routine, restorative dental care and implants. We found the practice had an efficient appointment system in place to respond to patients' needs. The practice owner told us the majority of patients who requested an urgent appointment would be seen on the day.

### Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The dentist told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious. Staff explained to us how they supported patients with additional needs such as young children. They ensured patients were supported by a parent and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient and parent understood.

### Access to the service

Appointments were booked by calling the practice. In the event of a patient needing an appointment outside of the opening times, patients were directed to an in-house out of hours' service via recorded message on the practice answer machine.

Patients who provided feedback were aware of how to access appointments both during opening hours and outside of opening hours. They were satisfied with the way information was made available to them.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received one complaint in the last 12 months; this was dealt with in-line with practice protocol.

# Are services well-led?

## Our findings

### **Governance arrangements**

The provider did not have effective governance arrangements at the practice. We reviewed the practice policies and saw that they were limited; those that were available were generic policies with little adaptation to the practice and had not been reviewed.

There were limited arrangements for identifying, recording and managing risks through the use of risk assessments, audits, and monitoring tools. For example, audits such as those of X-rays and dental care records had not been undertaken. This meant that systems for identifying potential problems and concerns were not robust.

### **Leadership, openness and transparency**

Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the practice owner was very approachable and available for advice where needed. The dental nurse who we spoke with told us they had good support to carry out their individual roles within the practice.

We discussed the Duty of Candour requirement in place on providers and the practice manager demonstrated understanding of the requirement.

### **Learning and improvement**

Staff meetings occurred monthly; however there were no formal mechanisms to disseminate and share learning. There was no oversight of staff training and staff's continued professional development.

There were limited systems in place, such as undertaking regular audits, to assess, monitor and improve the quality of the service

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

The practice carried out patient satisfaction surveys on a yearly basis. Results were analysed to identify themes and trends. We reviewed the results of recently completed forms and they were very positive and also outlined any areas of improvements for the practice to consider.

Staff we spoke with confirmed their views were sought about practice developments through staff meetings. They also said that the practice owner was approachable and they could go to them if they had suggestions for improvement to the service.

## 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
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Good Governance.</b></p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Dental Harmony were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>• The registered provider had not ensured all recommended medicines and life-saving equipment were readily available.</li><li>• The registered provider had not ensured that infection control protocols were always being followed in line with recommended national guidance.</li><li>• The registered provider had not ensured that all the specified information relating to persons employed at the practice was obtained and appropriately recorded.</li><li>• The registered provider had not ensured that governance systems were effective. The practice had not carried out audits in key areas, such as radiography. The practice had carried out limited risk assessments to safeguard the health and safety of staff and patients.</li><li>• The provider did not have systems to enable them to</li><li>• assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</li><li>• assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity</li></ul>

This section is primarily information for the provider

## Requirement notices

- ensure that their audit and governance systems were effective.

Regulation 17 (1)

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

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

#### Fit and proper persons employed

- The provider did not have an appropriate process for assessing and checking that people had the competence, skills and experience required to undertake the role. These processes must be followed in all cases and relevant records kept.
- The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained.

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