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Birchfields Family Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 10 December 2019 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Birchfields Family Dental Care is in Longsight, Manchester and provides NHS and private dental care and treatment for adults and children. The practice also provides fixed orthodontics on a private basis.

Summary of findings

There is level access to the practice for people who use wheelchairs and those with pushchairs. On street parking was available near the practice.

The dental team includes three dentists, three dental nurses who also have reception and administrative duties (of which two are trainees) and a practice manager. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 22 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 08:00 - 17:00

Tuesday 08:00 - 18:30

Wednesday 08:00 - 13:00

Thursday 08:00 - 18:30

Friday 08:00 - 13:00

Our key findings were:

- The practice appeared to be visibly clean, tidy and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider did not have effective governance or systems to identify and manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

- The provider had staff recruitment procedures which reflected current legislation. Risk assessments were not in place for staff where their immunity status was unknown.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider did not have effective leadership and quality assurance processes.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints positively and efficiently.
- The provider had information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider is not meeting are at the end of this report.

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

- Implement protocols and procedures in relation to the Accessible Information Standard to ensure that the requirements are complied with.
- Implement protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services caring?	No action	✓
Are services responsive to people's needs?	No action	✓
Are services well-led?	Requirements notice	✗

Are services safe?

Our findings

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

We found care to be safe. However, processes and protocols related to this were not always established and followed, which related to leadership, governance and oversight within the practice. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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

Staff had systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider did not have a system to review referrals and ensure safeguarding was considered where children and vulnerable persons were not brought to their appointment. We signposted them to guidance and toolkits from the British Dental Association to support this process.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated,

maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. We noted the records of monthly water temperature tests were consistently below 50c. The practice manager confirmed this would be reviewed and the temperature adjusted to achieve the correct temperature of above 50c.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean and tidy. Patients also commented on the high standards of cleanliness they observed.

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

The provider did not routinely carry out infection prevention and control audits. An audit had been completed just prior to the inspection. This showed the practice was meeting the required standards. We spoke with the practice manager about carrying out six-monthly audits in line with the guidance in HTM01-05.

The practice had a whistleblowing policy. This was not in line with the NHS Improvement Raising Concerns freedom to speak up guidance and did not include contact information for local organisations or sources of support. Staff felt confident they could raise concerns without fear of recrimination.

The dentists did not use a dental dam in line with guidance from the British Endodontic Society when providing root canal treatment or document risk assessments in the dental care records.

Are services safe?

The provider had a recruitment procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the provider followed their recruitment procedure.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

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

The dentists did not always document a justification for the radiographs they took and grading of the quality of X-rays was inconsistent. The provider did not carry out any radiography audits following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented some systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. We noted this did not cover the risks associated with the use of sharp items other than needles. We were assured this would be included in the risk assessment. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where necessary to

minimise the risk of sharps injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting sharps injuries.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. Risk assessments were not in place for two dental nurse trainees for whom the effectiveness of the hepatitis B vaccine was not known.

Staff had not completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who presented with dental infection and where necessary, refer patients for specialist care. We did not have confidence that all staff had the knowledge required for recognition of, diagnosis and early management of sepsis. We signposted the practice manager to the availability of guidance and resources.

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. We highlighted that checks of this equipment should be carried out weekly.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had a generic risk assessment to minimise the risk that can be caused from substances that are hazardous to health. Product safety data sheets were not retained and individual risk assessments were not completed.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our

Are services safe?

findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance. The log of prescriptions maintained by the practice, would not enable staff to identify if a prescription was missing. We discussed with the provider how small changes to the existing system would facilitate this.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

The provider had implemented some systems for reviewing and investigating when things went wrong. There were risk assessments in relation to safety issues. The practice had a system for staff to report incidents and accidents. Staff understood the importance of reporting these to help them understand risks, give a clear, accurate and current picture that led to safety improvements.

We noted there was no policy or procedure in place to ensure investigation processes were thorough and involved external organisations as necessary to prevent such occurrences happening again in the future. The provider was not familiar with NHS serious incident guidance.

The practice did not have an effective system in place to receive and act on safety alerts. We highlighted alternative ways to ensure they received all relevant safety alerts. After the inspection the practice manager confirmed they had registered to receive alerts and would review these routinely and act on any that were relevant.

Are services effective?

(for example, treatment is effective)

Our findings

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

Although care was effective, processes and protocols related to this were not always established and followed, which related to leadership, governance and oversight within the practice.

Effective needs assessment, care and treatment

The practice did not have effective systems to keep dental professionals up to date with current evidence-based practice. We highlighted inconsistencies in the way clinicians assessed and documented patients' needs. In particular, the use of a rubber dam during endodontic treatments, consistent periodontal assessments and recording of these, and the justification and grading of X-rays. We highlighted the availability of current nationally agreed legislation, standards, guidance and audit tools.

The practice provided private orthodontic treatment. A dentist who had additional training carried out patient assessments in line with recognised guidance from the British Orthodontic Society. An Index of Orthodontic Treatment Need was recorded which would be used to determine whether a patient was eligible for NHS orthodontic treatment. We highlighted that the documentation of the patient's oral hygiene assessment prior to commencing treatment could be improved. For example, whether a patient's periodontal condition was stable or improved.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice. The

dentists did not consistently carry out periodontal assessments in line with nationally agreed guidance from the British Periodontal Society. For example, six-point pocket charts of the patient's gum condition were not carried out where indicated.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. Patient comments confirmed this.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and patient comments confirmed this. We highlighted that these were not always documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice did not have a consent policy. Staff were not able to demonstrate they understood their responsibilities under Mental Capacity Act 2005 when treating adults who might not be able to make informed decisions. Staff were not familiar with Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances or aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice dental care records should be reviewed to ensure that dentists assess and document patients' treatment needs in line with recognised guidance.

The provider did not have quality assurance processes to encourage learning and continuous improvement.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. The practice occasionally used agency staff. There was no documented induction or orientation to ensure they were familiar with practice protocols.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. The provider did not have an effective system to review referrals and ensure any rejections were acted on promptly or safeguarding considered where children and vulnerable adults were not brought to appointments. The provider confirmed they would undertake a full review of rejected referrals to ensure the correct action was taken.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, polite and helpful. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate, kind and helpful when they were in pain, distress or discomfort.

Practice information, price lists and patient survey results were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had not been completed.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Equality Act. Staff were not familiar with The Accessible Information Standard which is a requirement to make sure that patients and their carers can access and understand the information they are given.

Interpreter services were not available for patients who did not speak or understand English. Patients were told about multi-lingual staff that might be able to support them. For example, staff spoke English, Spanish, Romanian, Urdu, Arabic and Farsi.

Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example study models and X-ray images of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The provider had made significant improvements to the premises and facilities which included extending the premises, providing level access to improve accessibility and refurbishing treatment rooms and the decontamination room.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

22 cards were completed, giving a patient response rate of 44%

100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness and compassion of staff and easy access to dental appointments. We shared this with the provider in our feedback.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment in line with a disability access audit.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop, an accessible toilet with hand rails and a call bell and wide doors to access the treatment rooms.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients could choose to receive text or email appointment reminders. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the provider took complaints and concerns seriously and had systems to respond to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint. We noted inconsistencies in the complaints policy and procedures. The policy stated complaints would be acknowledged in three days; the procedure displayed for patients stated that complaints would be acknowledged in five working days and did not include information about external organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

The practice manager was responsible for dealing with these. Staff told us they would tell them about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

The practice had not received any complaints.

Are services well-led?

Our findings

We found 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 section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The provider had made many improvements to the practice and facilities. The inspection highlighted several issues and omissions. Not all the information and evidence presented during the inspection process was clear and well documented.

Leadership capacity and capability

The principal dentist and practice manager were open to discussion and feedback during the inspection. They demonstrated a commitment to making improvements and submitted action plans immediately after the inspection to show how these areas would be prioritised and improved.

They understood the challenges and were addressing them.

We saw the provider had processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice had been affected by staff shortages which had impacted on the provider's capacity to oversee the service. This had been addressed.

The provider had a strategy for delivering the service which was in line with health and social care priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs informally and at one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. A system of appraisal was in place.

The staff focused on the needs of patients.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. These were reviewed on a regular basis but this process was not effective. For example, the sharps action and infection prevention follow-up procedures were not relevant to the area and not updated to the most recent edition of HTM 01-05 which was updated in 2013. The response times stated in the complaints policy and procedure were inconsistent. Several documents including equipment servicing documentation were difficult to locate during the inspection.

There were ineffective processes for managing risks, issues and performance. For example, risks relating to sharps and staff immunity, hazardous substances, patient safety alerts, legionella and patient referrals were highlighted by the inspection process.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example, performance information and patient surveys were used to ensure and improve performance.

Are services well-led?

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The arrangements for CCTV should be reviewed.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service. For example:

The provider used regular patient surveys and encouraged verbal comments to obtain patients' views about the service. We saw the results of patient surveys showed high levels of satisfaction with staff and the service received.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through informal discussions and occasional meetings. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider did not have systems and processes for learning, continuous improvement and innovation.

No audits of the quality of dental care records or radiographs were carried out. Opportunities had been missed to identify inconsistencies in the way care was assessed and documented. We signposted the provider to nationally agreed guidance, audit tools and the availability of templates to support this.

The principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

This section is primarily information for the provider

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The sharps risk assessment was insufficient to identify and manage the risks from all sharp items. Staff were not risk assessed where their immunity status was not known.• The system to log NHS prescriptions would not identify any missing prescriptions or fraudulent use.• The registered person did not ensure staff completed training and had the knowledge of the recognition, diagnosis and early management of sepsis.• The provider did not have an effective system to review referrals and ensure any rejections were acted on promptly or safeguarding considered where children and vulnerable adults were not brought to appointments.• Systems were not in place to receive and respond to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England. <p>Regulation 12 (1)</p>
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>

Requirement notices

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The registered person did not operate effective systems and processes to assess and monitor their service against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended). The provider did not ensure their governance systems were effective.
- Incident prevention and investigation systems were not clearly established.
- The registered person did not have effective systems and processes to identify and assess risks to the health, safety and/or welfare of people who use the service.
- The registered person did not implement systems and processes such as regular audits of the service to assess, monitor and improve the quality and safety of the service.
- The quality of the dental care records relating to the care and treatment of each person using the service was inconsistent.
- Systems were not in place to ensure the dentists consistently followed relevant nationally recognised evidence-based guidance.
- The registered person did not provide information for staff to ensure ability to consent was assessed in line with the requirements of the Mental Capacity Act 2005 or, where relevant, the Mental Health Act 1983, and their associated Codes of Practice.

Regulation 17(1).