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Townley Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 30 August 2018 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 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

Townley Dental is in East Dulwich in the London Borough of Southwark. The practice provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs, and those with pushchairs.

The dental team includes four dentists, a dental hygienist, four qualified dental nurses and a practice manager, all of whom also undertake receptionist duties.

The practice has four treatment rooms.

Summary of findings

Townley Dental is owned by an individual who is one of the principal dentists 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 obtained feedback from 28 patients.

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

The practice is open at the following times:

- Monday to Thursday: 8.30am – 6pm
- Friday: 8.30am – 5pm
- Saturday: By appointment

Our key findings were:

- Patients gave us positive feedback about all aspects of the service.
- The practice appeared clean and well maintained.
- Staff knew how to deal with emergencies.
- The practice had infection control procedures.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.
- The practice had arrangements in place to support people with mobility and problems, and those who had problems with their vision. They had not carried out a disability access audit to assess how they could meet the needs of other people with a disability including those with hearing loss.
- Staff spoke a variety of languages. The practice did not offer interpreter services for patients who might need them.
- The practice had not ensured a recommended piece of equipment and a medicine were available for use in medical emergencies, and had not ensured appropriate storage of a medicine. The practice addressed this shortly after the inspection.
- Some dental instruments and materials had not been stored appropriately, though the practice addressed this shortly after the inspection.
- the practice addressed this shortly after the inspection.
- The practice had not established effective systems to ensure staff completed key training and received regular appraisals. They sent us further evidence of training completed shortly after the inspection.
- The practice had not established thorough staff recruitment procedures, though they made improvements shortly after the inspection.
- There was a lack of assessment, identification, mitigation and monitoring of various risks, and a lack of effective governance which resulted in shortcomings across the effectiveness and leadership aspects of the service.

During and after this inspection, we brought the shortcomings we identified to the practice's attention. The responsible person demonstrated willingness to address these issues in order to make the necessary improvements.

We identified a regulation the practice was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

There are areas where the practice could make improvements. They should:

- Review its responsibilities to respond to meet the needs of patients with disability, taking into account the requirements of the Equality Act 2010, and review the availability of interpreter services for patients who do not speak or understand English, taking into account the Accessible Information Standards.
- Review the fire risk assessment and ensure any identified risks are monitored and mitigated, and all actions are completed promptly.
- Review processes to ensure gypsum is disposed of in line with current recommendations.

Summary of findings

- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

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

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

They used learning from accidents to help them improve.

We confirmed most staff had received training in safeguarding children and adults, and all staff knew how to recognise the signs of abuse and report concerns.

The premises appeared clean.

The practice followed national guidance for cleaning and sterilising dental instruments.

The practice had not established thorough staff recruitment procedures, though they made improvements shortly after the inspection

Most staff were suitably immunised, though the practice had not confirmed that some staff had achieved suitable immunity to a vaccine-preventable disease.

Improvements were required to ensure the risks associated with working of the dental hygienist without chairside support, and external safety alerts were identified and mitigated. Shortly after the inspection they signed up to receive safety alerts electronically.

Are services effective?

No action

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

Patients described the treatment they received as being of a good standard. The dentists discussed treatment with patients so they could give informed consent and recorded this in the dental care records.

The practice had arrangements for referring patients to other dental or health care professionals. They could make improvements to ensure all referrals were appropriately followed up and that this was recorded. They began to address this shortly after the inspection.

The practice had not established effective processes to ensure the regular appraisal of staff.

The practice had not established an effective system to monitor training needs and ensure all staff completed and updated key training. Shortly after the inspection they sent us further evidence of training completed by staff.

Are services caring?

No action

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

Summary of findings

We received feedback about the practice from 28 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, respectful, attentive, professional and friendly. They commented that staff made them feel at ease.

Patients said that they were given clear explanations about dental treatment and said their dentist listened to them.

Staff protected patients' privacy and were aware of the importance of confidentiality. We observed staff treating patients with dignity and respect.

The practice could make improvements by ensuring services were available to patients who did not speak or understand English, if needed.

Are services responsive to people's needs?

No action ✓

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The practice responded to concerns and complaints quickly and constructively.

The practice provided a magnifying glass for patients who had problems with their vision, step-free access for wheelchair users and families with children, and an accessible toilet.

They could make improvements by carrying out a disability access audit to identify how they could further support patients with enhanced needs, including those with hearing difficulties.

Are services well-led?

Requirements notice ✗

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 these actions in the Requirements Notice sections at the end of this report).

There was a clearly defined management structure, though improvements could be made to ensure effective team working and communication.

We found there was a lack of assessment, identification, mitigation and monitoring of risks, and a lack of effective governance which resulted in several shortcomings across the service. The practice had not established effective systems to enable them to monitor and improve the quality and safety of the services being provided.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

Staff knew how to identify suspected abuse of children, young people and vulnerable adults. All staff were clear on their responsibilities to report safeguarding concerns.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

There was a system to highlight vulnerable patients, and those who needed additional support in their dental care records.

The practice had a whistleblowing policy.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy to help them employ suitable staff, though they had not always carried out checks to assure themselves of the suitability of recently recruited staff. For example:

- We checked four staff recruitment records and found there was no evidence of any Disclosure and Barring Service (DBS) check for two members of recently recruited staff. Shortly after the inspection the practice sent us evidence that showed they had initiated DBS checks for these members of staff. The practice had initiated a DBS check the day before the inspection for a third member of staff.
- There was no evidence of an employment history for three members of staff. The principal dentist told us the practice manager had obtained them but did not keep any copies. Shortly after the inspection the practice sent us employment histories for two of these members of staff.
- There was only one reference available for three members of staff to demonstrate suitable conduct in previous employment, and none in place for a fourth, which was not in line with their own policy. Shortly after the inspection the practice sent us additional references for two of these members of staff.

We noted that all clinical staff were registered with the General Dental Council (GDC) and most had professional indemnity cover. However, there was no evidence of indemnity cover for a recently recruited member of staff. Shortly after the inspection the practice sent us evidence demonstrating indemnity cover was in place.

The practice ensured the safety of the electrical installation and appliances was checked.

Records showed staff tested emergency lighting monthly, and arranged for fire extinguishers to be inspected in 2015 and 2017. One of the principal dentists told us they checked smoke detectors and fire escape routes regularly; they could make improvements by ensuring they documented these checks.

The practice had arrangements to ensure the safety of the radiography equipment. They could make improvements by registering with the Health and Safety Executive about radiography equipment on the premises. Shortly after the inspection the practice completed this registration.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. There was a lack of clarity over the correct protocol to follow for disposing of non-clinical waste gypsum safely. Staff told us they would dispose of it in the clinical waste bins, which was not in line with guidance stating that this it should be segregated and disposed of at specialist landsites. Shortly after the inspection the provider told us they had made arrangements with their waste contractor to make collections of gypsum waste from the premises.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits, following current guidance and legislation.

Risks to patients

The practice had a health and safety policy and had carried out a health and safety risk assessment.

The practice had current employer's liability insurance.

Are services safe?

There was evidence to show that most clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. The practice had checked the effectiveness of Hepatitis B vaccination for most staff. We found there was no evidence of Hepatitis B vaccination for two members of staff in the records we were provided with, and there was no confirmation of the effectiveness of the vaccination for two other members of staff.

The practice had arrangements to help them respond to medical emergencies. They had available most medicines and equipment as described in current recognised guidance. A portable suction device was not available, and a medicine Midazolam was of the type that could not be administered oromucosally. We found that a medicine Glucagon was stored in the fridge but staff did not monitor the temperatures of the fridge to ensure the Glucagon was refrigerated at the optimum temperature range. Shortly after the inspection the practice told us they had ordered the suction device and the recommended type of Midazolam, and they began to monitor and record the temperature of the fridge containing Glucagon.

Staff had most recently completed training in basic life support (BLS) on dates between 2015 and 2018. The practice told us they had made arrangements for some staff to update this training in October 2018. They were not clear on arrangements for a dentist to renew their 2015 BLS training, but shortly after the inspection they sent us evidence showing the dentist had completed this training earlier in the year.

A dental nurse worked with the dentists when they treated patients, in line with General Dental Council's Standards for the Dental Team. They had completed a risk assessment for lone working, though they had not assessed the risks associated with the dental hygienist working without chairside support. The principal dentists told us the dental hygienists could request assistance with sterilising contaminated instruments if needed.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. They reviewed these annually. They could strengthen these risk assessments by including accidental exposure to bodily fluids and cleaning materials. Shortly after the inspection the practice sent us evidence of additional risk assessments for cleaning materials on the premises.

The practice had not undertaken a sharps risk assessment to help them assess the risks associated with the use of sharp items in the practice; they completed this shortly after the inspection.

One of the principal dentists had carried out fire risk assessments yearly, but they had not been trained for this role. The practice could make improvements to ensure a fire risk assessment was carried out by a competent person. Shortly after the inspection the practice arranged for this to be done.

The practice had an infection prevention and control policy, and procedures. They had an annual infection control statement detailing these procedures. We saw cleaning schedules for the premises. The practice appeared clean when we inspected it and patients confirmed that this was usual.

The practice followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health when transporting, cleaning, checking and sterilising dental instruments. The majority of dental instruments and materials had been stored appropriately; though we found unpouched radiograph film holders in drawers in two surgeries, and some local anaesthetic cartridges in a treatment room had been stored in a manner that left them exposed to aerosols. Shortly after the inspection the practice made improvements to ensure the cartridges and film holders were appropriately stored.

Records showed the autoclave used for sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had records of water testing and disinfection of dental unit water lines in place. They had carried out a Legionella risk assessment. They could make improvements by ensuring they reviewed the Legionella risk assessment and addressed the recommendations which included, for example, undertaking Legionella awareness training and checking hot and cold sentinel water temperatures periodically. They told us they no longer had hot running tap water as their boiler was no longer in operation, and they thought this negated the

need to check the temperature of the cold tap water. Shortly after the inspection the practice reviewed the Legionella risk assessment and implemented recommended actions.

The practice carried out infection prevention and control audits twice a year. They could make improvements by using an up-to-date infection prevention and control audit tool (they had used an outdated version), and ensuring it was reflective of what was happening in the practice. For example, the auditor had answered questions on inhalation sedation but staff told us they did not offer this service. It identified there was no handwashing basin in a treatment room but did not describe any mitigating actions or alternative suitable measures, and we found there was a handwashing sink in the treatment room. Shortly after the inspection the practice began to update the infection control audit.

Information to deliver safe care and treatment

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. We checked a sample of dental care records to confirm our findings and noted they were legible, stored securely and complied with data protection requirements.

Safe and appropriate use of medicines

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

The practice did not keep a stock log of antibiotics on the premises. They did not have a system in place to enable them to effectively monitor the use of prescriptions stored and issued. Shortly after the inspection the practice implemented and began to use logs to monitor the use of antibiotics and prescriptions pads on the premises.

Track record on safety

The practice had processes in place to record accidents that occurred on the premises. They told us they had learned from recent accidents by ensuring the dental clinicians used a single-handed technique for resheathing injection needles, and by ensuring only one member of staff assembled and dissembled needles and syringes.

The practice told us they received safety alerts but did not keep them. They did not evidence any safety alerts they had received in the last 12 months. They could make improvements by establishing an effective system for receiving, disseminating and acting on safety alerts to help them maintain a good standard of safety in the practice in relation to medicines and equipment.

Lessons learned and improvements

The practice had an incident policy and recording forms to help them manage serious incidents. Some staff were not clear on protocols for recording significant events and serious incidents, or on types of incidents that should be documented and shared.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentists assessed the needs of patients in line with current standards and guidance.

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 toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

A dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

We spoke with the dentists who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice and taking plaque and gum bleeding scores and detailed charts of the patients' gum conditions.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice 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 that they gave patients information about treatment options and the risks and benefits of these so that they could make informed decisions. Patients confirmed that their dentist listened to them and gave them clear information about their treatment.

The practice had policies with information about the Mental Capacity Act 2005, and Gillick competence (the legal precedent by which a child under the age of 16 years can consent to treatment for themselves). The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The team was also aware of considerations needed when treating young people aged under 16 years.

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

Monitoring care and treatment

The practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

The practice occasionally used locum staff. They told us they ensured that these staff received an induction to ensure that they were familiar with the practice's procedures. The practice had induction forms available but they did not show us evidence of any inductions that had been completed for any locum staff. The principal dentist told us they had carried out the inductions but had not recorded them.

We confirmed that some clinical staff completed the continuing professional development required for their registration with the General Dental Council; however, we found there was no evidence of various training modules for several staff.

The General Dental Council (GDC) requires clinical staff to complete continuing professional development. We saw evidence staff had completed training that was recommended by the GDC, such as radiography, safeguarding, basic life support and infection prevention and control, though we were not provided with evidence to show that all staff had completed or updated the recommended training. For example, we checked training records and found:

- There was evidence to show one member of staff had completed infection prevention and control (IPC) training and received updates as required. There was no evidence of this training for four members of staff (although some had completed training in decontamination of dental instruments). Shortly after the inspection the practice sent us evidence showing that three of these members of staff had undertaken a complete course of IPC training either immediately before or following the inspection, and the fourth

completed some modules of the training. Two staff members had not updated their IPC training since 2008 and 2014, and two others undertook modules of the training the day before the inspection.

- There was evidence showing that most clinical staff completed continuing professional development (CPD) in respect of dental radiography. There was no evidence of radiography training or CPD for a dentist and a dental nurse. Shortly after the inspection the practice sent us evidence showing that these members of staff completed the radiography training following the inspection. Radiography training for another dentist had expired in 2016 and required renewal.
- There was evidence to show most staff had received training in safeguarding children and adults. The practice did not evidence safeguarding adults training for a member of staff. It was not clear whether another member of staff had completed safeguarding children at the appropriate level for their role; shortly after the inspection the practice sent us evidence showing that safeguarding children training had been completed to the appropriate level.
- It was not clear what was in place to ensure a member of staff updated their 2015 basic life support training. Shortly after the inspection they confirmed the staff member had completed this training earlier in the year.

There was no evidence of fire safety training for any staff. Shortly after the inspection the practice sent us evidence of fire safety awareness training completed by one of the dentists.

Some staff had also completed other training including (but not limited to) implant nursing, legal and ethical issues, complaints handling, periodontal disease, stress management, and oral cancer.

There was no evidence the practice had a system in place for the appraisal of staff and the assessment of their personal development needs. We checked staff folders and did not see evidence of completed appraisals for any staff. Staff told us that they did not carry out or receive appraisals. A principal dentist told us they held discussions with staff to check on their wellbeing.

Co-ordinating care and treatment

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

A dentist confirmed that they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

A dentist described their process to identify and manage instances requiring the referral of patients for specialist care if they presented with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence in 2005 to help make sure patients were seen quickly by a specialist.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals. However, the practice was not able to demonstrate how they had followed up on two outgoing referrals we checked. For example, for a referral the practice had made to a hospital, there was no record indicating whether a dentist had reviewed or acted on the discharge letter sent back to the practice from the hospital. The letter indicated the patient referred required treatment by the practice but there was no evidence to show the dentist had contacted the patient regarding this. The patient returned to the practice a few months later with the same complaint.

The practice was yet to sign up for NHS mail to enable them to send NHS referrals electronically.

They could strengthen arrangements by implementing a referrals tracker; they implemented a tracker shortly after the inspection to help them monitor referrals made by the practice.

Are services caring?

Our findings

Kindness, respect and compassion

Staff were friendly and courteous towards patients over the telephone and in person. They were aware of their responsibility to respect people's diversity and human rights.

We received feedback from 28 patients; they commented positively that the care they had received at the practice was of a high standard. They told us the practice offered a good service, and that the practice staff were respectful, caring, efficient, professional and friendly. They told us staff listened to them and treated them with respect and dignity.

Parents commented that they were satisfied with how the staff had treated their children with kindness and compassion.

A patient shared with us their nervousness related to dental treatment and they commented that staff always supported and reassured them and made them feel at ease.

Information was available for patients to read in the waiting area.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality when dealing with patients over the telephone and in person. They told us that if a patient asked for more privacy they would take them into another room, if one was available.

The computer screen at the reception desk was 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.

Involving people in decisions about care and treatment

Staff had some arrangements to help patients be involved in decisions about their care. They told us staff spoke Urdu, Punjabi, Dutch, Flemish, Slovakian, Gujarati, Swedish, Romanian, Russian and Gaelic languages and could help with translating information for patients who could not speak or understand English. All staff spoke English.

The practice did not offer or provide interpretation services to patients who might require them; this was not in line with the Accessible Information Standards. We did not see notices in the reception or waiting areas, including in languages other than English, informing patients that interpretation services were available.

The practice gave patients information to help them make informed choices. Patients told us that staff listened to them and discussed options for treatment with them. Dentists we spoke with described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflets 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 an interactive dental application, videos, radiograph images, photographs taken with a camera, and models.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice. In particular, they commented that the practice had been able to accommodate them quickly when they needed emergency treatment.

The practice had made adjustments for patients who required additional support. These adjustments included a magnifying glass, wheelchair access throughout the premises, and an accessible toilet with hand rails and an emergency bell. They could make improvements by carrying out a disability access audit to help them identify how they could further improve access to the service for patients, including those with hearing difficulties.

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 at the entrance to the premises, on their website and on an online search engine.

Staff told us that patients who requested an urgent appointment were usually seen within 24 hours.

The practice's answerphone message provided contact details for patients needing emergency dental treatment when the practice was not open.

Listening and learning from concerns and complaints

The practice had complaints policies providing guidance to staff on how to handle complaints, and to patients on how to make a complaint.

A principal dentist was responsible for dealing with complaints. Staff told us they would address any formal or informal comments or concerns straight away so that patients would receive a quick response.

We checked how the practice had managed two complaints they received in the last 12 months; we found they had responded in an open, transparent and timely manner.

Are services well-led?

Our findings

Leadership capacity and capability

One of the principal dentists, who was the practice's registered manager, had overall responsibility for the management and clinical leadership of the practice.

Vision and strategy

The practice had a vision to provide a high quality, caring, family-oriented service for patients. They shared with us their plans to develop a facial aesthetics service and to install a dental computerised tomography scanner.

The practice had procedures to help them manage behaviour and performance that was not consistent with their vision and values.

Culture

The practice's leaders described a friendly, professional working culture. They told us they had set up a social networking facility to enable them to communicate outside of working hours if needed.

Staff told us they felt they could raise concerns with the practice's leaders, though not all were confident concerns they had would be listened to or addressed.

A principal dentist told us they had regular meetings and showed us meeting minutes to demonstrate this, though it was not clear whether all staff were involved in these meetings. The dentist also told us they had regular informal discussions with staff on a variety of topics related to the running of the practice, and staff performance.

Staff were aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour.

Governance and management

This dentist, alongside the practice manager, was responsible for the day to day running of the service. Staff knew the management arrangements and their roles.

The practice could make improvements to ensure all staff had good understanding of 'never events', the Serious Incident Framework, the process for reporting and recording significant events, and the correct protocol for the disposal of protocols for the disposal of certain non-clinical waste. It was apparent improvements could be made to ensure effective team working and communication.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. They reviewed the policies regularly. They could strengthen this system by ensuring policies contained information that was specific to the practice. For example, the dental equipment and maintenance policy referred to the use of equipment that we found was not available, such as an ultrasonic bath and fire alarm. The whistleblowing policy referred to a whistleblowing champion which we were informed was not in place.

The provider had not established effective systems to assess, review and mitigate risks in relation to the undertaking of the regulated activities.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

The practice used a comments box and verbal comments to obtain patients' views about the service.

Continuous improvement and innovation

The practice had quality assurance processes which included an audit of dental care records, radiographs, and infection prevention and control. They had clear records of the results of these audits, though the infection control audit was not fit for purpose. Shortly after the inspection the practice began to update the infection control audit.

We found there was a lack of assessment, identification, mitigation and monitoring of risks, and a lack of effective systems to enable the practice to monitor and improve the quality of the services being provided. The lack of effective governance which resulted in several shortcomings which had the potential to adversely affect the safety of the service.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. **How the regulation was not being met** The registered person had systems or processes in place that operated ineffectively, in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular this related to: • A lack of assurance regarding adequate immunity of four staff members to a vaccine-preventable disease. • A lack of effective systems for receiving, managing and sharing national safety alerts. • The infection control audit was not fit for purpose. • The lack of effective systems for recruiting staff, carrying out staff appraisals, and ensuring staff completed and updated key training. There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular this related to: • A lack of effective systems to ensure referrals were appropriately followed up. **Regulation 17 (1)**