

Town Moor Dental Care Limited

TOWN MOOR DENTAL CARE

Inspection Report

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Overall summary

We carried out this announced inspection on 29 May 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 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

Town Moor Dental Care is in Doncaster and provides private treatment to adults and children.

Entry into the practice is via a single step. Entry assistance is available if required for people who use wheelchairs and pushchairs. Car parking spaces are available at the practice.

The dental team includes the principal dentist and two dental nurses, one of whom is a trainee. A dentist who specialises in endodontics (root canal treatment) visits the practice on a monthly basis. The practice has one treatment room and an instrument decontamination room.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager.

Summary of findings

Registered managers 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 registered manager at Town Moor Dental Care Limited was the principal dentist.

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

During the inspection we spoke with principal dentist and both dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday, Thursday and Friday 10am – 7pm

Tuesday 8am – 4pm

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available but the management process was not effective.
- The practice had systems to help them manage risk but some improvements could be made to regularly review and embed the processes.
- Staff knew their responsibilities for safeguarding adults and children, improvements could be made to staff awareness of reporting procedures.
- The practice's recruitment procedures did not reflect current legislation.
- 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.
- Some improvements could be made to lead and support the team.
- The practice asked staff and patients for feedback about the services they provided but analysis of the results was not evident.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.
- Continuous improvement and innovation was encouraged but some areas could be improved.

We identified regulations the provider was not meeting. They must:

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

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's safeguarding policies and ensure staff are aware of the correct reporting procedure.
- Review the process in place to ensure fire safety checks are documented and brought in line with relevant regulations.
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the security of the practice to ensure there are systems in place to protect patients, equipment and medicines should a staff member be absent from the reception area.

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 systems and processes to provide safe care and treatment. Improvements could be made to ensure learning from incidents to help them improve was embedded.

Staff received training in safeguarding and knew how to recognise the signs of abuse. Improvements could be made to ensure staff knew how to report safeguarding concerns.

The practice had a system to record incidents but the process was not fully recorded for learning and improvement.

The recruitment process was not carried out in line with relevant legislation. We saw no evidence of a recruitment policy on the inspection day, this was sent to us after the inspection. Staff files did not contain sufficient evidence to assure us that essential staff checks had been carried out.

Systems in place to manage risk could be improved. The sharps risk assessment did not reflect the process in place at the practice. No risk assessment had been carried out to mitigate the risks associated with manual instrument cleaning.

The system to help them manage emergency medical equipment and medicines was not effective.

Fire safety checks were carried out but there was no documentation in place to support this.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as very good. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The principal dentist valued the contributions made by the team but a system to support and monitor staff training was not evident.

No action



Summary of findings

Are services caring?

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

We received feedback about the practice from four people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional and friendly.

They said that they were given helpful, honest explanations about dental treatment, and said the dentist listened to them.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and in-house interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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 section at the end of this report).

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

There was a clearly defined management structure and staff told us they felt appreciated. Improvements could be made to ensure staff were up to date with and aware of policies, procedures and recommended training.

The processes to manage emergency medicines and emergency equipment, risk assessment and recruitment were not effective or embedded.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work. We found learning and improvement was inconsistently recorded. This included asking for and listening to the views of patients and staff.

Requirements notice



Summary of findings

We noted the security of the practice and its contents could be compromised when all staff members worked in the treatment room together leaving the reception area unmanned.

Are services safe?

Our findings

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

The practice had clear 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 practice had a safeguarding policy in place but there was no separate policy for safeguarding of children. We were sent evidence after the inspection which showed the policies had since been separated. Staff told us they would be confident they knew how to identify suspected abuse but were unsure of the correct reporting procedures. We highlighted this to the principal dentist who assured us this would be reviewed. We saw evidence that staff received safeguarding training.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination but were unsure if a policy existed to support this process.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

No evidence of a recruitment policy was found on the inspection day. A recruitment policy was sent to us after the inspection. We looked at four staff files. These showed the practice did not follow the recruitment process in line with relevant legislation. For example, not all staff files showed relevant immunisation status certification, professional qualifications or indemnity certificates. We noted that disclosure barring service (DBS) risk assessments had not been carried out for staff members who's DBS was not in place or related to another practice,

this affected all staff members. We highlighted this to the principal dentist who assured us a more effective process would be adopted and brought in line with relevant legislation.

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

We were told that in-house emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly checked but there was no documentation in place to support this. We highlighted this to the principal dentist who assured us this would be brought in line with The Regulatory Reform (Fire Safety) Order 2005.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

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

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

Risks to patients

Improvements could be made to assess, monitor and manage risks to patient safety.

The practice's health and safety policies were in place. We noted the practice health and safety risk assessment was last reviewed in 2016. We highlighted this to the principal dentist who assured us this would be brought up to date to help them manage potential risk.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. The sharps risk assessment in place did not represent the process undertaken at the practice. We highlighted this to the principal dentist.

We were assured that all clinical staff had received appropriate vaccinations, including the vaccination to

Are services safe?

protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked but not all certification of this was available in staff files to confirm this.

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

Emergency equipment and medicines were available as described in recognised guidance, with the exception of defibrillator pads, which had expired. We also noted emergency medicine adrenaline and a child size face mask had been re-ordered since we announced the inspection. A basic record of checks was kept in the form of a tick and date. This process was not effective; it showed no detail of when items would expire or what was checked. We discussed this with the principal dentist who assured us a more robust process would be implemented to ensure the process was more effectively managed.

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

We noted on several occasions throughout the inspection that public and restricted areas were left unattended. Staff worked frequently in the treatment room together leaving the main areas vulnerable. This caused concern in relation to the security of medical equipment, sensitive materials and data within the practice. We highlighted this to the principal dentist who assured us this would be reviewed and alternative measures introduced.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice 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 (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were 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 procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

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

Infection prevention and control audits were not carried as recommended. The most recent audit was carried out in May 2018 where they achieved a compliance score of 94%. There was no action plan in place to support this audit. The previous audit was carried out 2016. We highlighted the need for six monthly audits to the principal dentist who assured us this would be brought in line with recommended guidance.

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 a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Are services safe?

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

Track record on safety

The practice had a good safety record.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

We reviewed the incident reporting process and noted one incident had been documented. The incident was investigated and we were told it was discussed as a team to help prevent such occurrences happening again. The outcome of the discussion was not documented as part of the reporting process. The principal dentist assured us the process would be reviewed to include documented learning outcomes.

We were told that a system was in place for monitoring safety alerts for dental materials and equipment but this process not supported by documentation.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The principal dentist told us that they had in the past carried out domiciliary care to one patient but this was no longer the case. The principal dentist assured us that if domiciliary care was considered in the future, the process would be brought in line with recommended guidance.

The practice offered an endodontic (root canal treatment) referral process to dentist in the local area. This was carried out by a visiting specialist who had undergone appropriate post-graduate training in this speciality. The dentist used a specialised operating microscope to assist with carrying out root canal treatment.

Helping patients to live healthier lives

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

The dentist told us they 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.

The 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.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were 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 kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

We noted that there was no structured induction programme in staff files. We were told that an induction process was not in place as the team started together and they inducted themselves collectively. We highlighted to the principal dentist that induction forms part of the fundamental standards for recruitment of new staff and should be included in the practice's future recruitment policy and process.

Are services effective?

(for example, treatment is effective)

Staff told us they had not had an appraisal and the principal dentist confirmed this.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. We noted the majority of training had been carried out since we announced the inspection. The principal dentist agreed that staff support and encouragement in this area would be beneficial to ensure training was monitored more closely.

Co-ordinating care and treatment

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

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

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting 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 NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screen 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. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act

or requirements under the Equality Act. Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about on-site multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

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.

The practice had made reasonable adjustments for patients with disabilities. These included assisted access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell.

Timely access to services

Patients were able to 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 practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they 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 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

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint.

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

The staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last twelve months.

These showed the practice responded to concerns appropriately.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had the capacity and skills to deliver high-quality, sustainable care.

The principal dentist had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The principal dentist was approachable and staff confirmed this. The principal dentist worked closely with staff to make sure they prioritised compassionate and inclusive leadership but some areas in relation to staff support and management required improvement.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. We identified that support to staff in some areas such as appraisal and training could be improved.

The practice focused on the needs of patients.

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

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

The principal dentist had a system of clinical governance in place which included policies, protocols and procedures. Improvements could be made to ensure these are kept up to date and staff have the opportunity to read and digest these.

- The recruitment process was not carried out in line with current legislation.
- Staff were unsure of the correct safeguarding reporting procedures.
- Staff were unsure if some policies, such as whistleblowing and safeguarding were in place.
- Policies were accessible to staff members but a process was not in place to ensure staff read these documents to be familiar with guidance and the running of the practice.
- Staff told us they did not review policies when they started their employment and no formal induction process was in place.
- There was no process to ensure policies and procedures were reviewed regularly to remain current. For example the practice health and safety risk assessment was last reviewed in 2016.

There were processes for managing risks but these required updating to reflect the practice procedures. For example:

- The sharps risk assessment did not reflect the process carried out at the practice. A risk assessment for manual instrument cleaning had not been carried out.
- Risk assessment templates for latex, display screen equipment and manual handling were present but had not been completed.
- We noted that disclosure barring service (DBS) risk assessment had not been carried out for staff members who's DBS was not in place or relevant to another practice; this affected all staff members.

We were told that a system was in place for monitoring safety alerts for dental materials and equipment but this process not supported by documentation.

The process to ensure appropriate emergency medicines and equipment were in place and not passed their expiry date was not effectively managed.

The reporting process for a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 incident was not documented on the policy.

Are services well-led?

We noted on several occasions throughout the inspection that public and restricted areas were left unoccupied by staff. Staff worked frequently in the treatment room together leaving the main areas unattended and vulnerable.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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 involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys to obtain staff and patients' views about the service. We saw these were collected but no analysis for improvement and learning was evident.

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

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and radiographs. They had clear records of the results of these audits and the resulting action plans and improvements. The time-frame to monitor infection, prevention and control was not carried out in line with recommended guidance and no action plan was in place to address areas for improvement.

The principal dentist valued the contributions made by the team but a support process for staff learning and improvement was not evident.

The principal dentist confirmed that staff had not received an appraisal.

Staff had completed 'highly recommended' training as per General Dental Council professional standards, which included medical emergencies and basic life support training.

The General Dental Council also requires clinical staff to complete continuing professional development. We noted the majority of training had been carried out since we announced the inspection. The principal dentist agreed that staff support and encouragement in this area would be beneficial to ensure that training was monitored more closely.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to ensure that the regulated activities at Town Moor Dental Care Limited 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> <p>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:</p> <ul style="list-style-type: none">• Recruitment processes were not effective. <p>Recruitment was not carried out in line with relevant legislation (schedule 3 of Health and Social Care Act 2008).</p> <ul style="list-style-type: none">• Disclosure and Barring Service checks, immunisation status reports, professional certificates and indemnity certification were not effectively obtained by the registered provider at the start of employment.• Appropriate Induction of staff and staff appraisals were not carried out. <p>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:</p>

Requirement notices

- The system to help manage governance was not effective.
 - Staff awareness of policies, protocols and procedures was not embedded with the team.
 - The audit process to identify learning outcomes and produce action plans for improvement was inconsistent.
 - The process and follow up action for responding to safety alerts was not documented.
 - The system to help manage emergency medical equipment and medicines was not effective.
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- Systems to help manage risk were not effective.
 - The sharps risk assessment did not reflect the process in place at the practice.
 - No risk assessment was in place to address the risks of manually scrubbing instruments.
 - The practice health and safety risk assessment was not reviewed regularly to manage potential risk within the practice.
 - A risk assessment had not taken place for those without a valid Disclosure Barring Service check.
 - Risk assessment templates were in place but not completed.

Regulation 17 (1)

This section is primarily information for the provider

Requirement notices

