

Better Dental Ltd

Better Dental Ltd

Inspection Report

758 Manchester Road
Rochdale
Lancashire
OL11 3AW
Tel: 01706 352348
Website: www.betterdental.co.uk

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Overall summary

We carried out this announced inspection on 23 January 2020 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

Better Dental Ltd is in Rochdale and provides private dental care and treatment for adults and children.

A ramp is provided for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes two dentists, three dental nurses (one of whom manages the practice), one dental hygiene therapist and one receptionist. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the

Summary of findings

CQC as the registered manager. 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 Better Dental Ltd is the practice owner.

On the day of inspection, we collected 15 CQC comment cards filled in by patients. These provided a positive view of the dental team and care provided by the practice.

During the inspection we spoke with both dentists, two dental nurses, the dental hygiene therapist, the receptionist and a company manager who is currently overseeing the management of two dental practices. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9am to 3pm

Tuesday, Thursday and Friday 9am to 5.30pm

Wednesday 9am to 6.30pm

Saturday 9am to 1pm (one per month)

Our key findings were:

- The practice appeared to be visibly clean 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 systems to identify and manage risk to patients and staff should be reviewed.
- 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.

- The clinical staff provided patients' care and treatment in line with current guidelines. Antimicrobial prescribing and the documentation of care could be improved.
- 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 had effective leadership and a culture of continuous improvement.
- 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 dealt with complaints positively. The complaints process could be improved to ensure a timely response and to resolve complaints amicably.
- 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 regulations the provider is not meeting are at the end of this report.

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

- Improve the practice's complaint handling procedures for identifying, receiving, recording, handling and responding to complaints by service users.

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.

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 all 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. We highlighted the availability of a national toolkit to support the safeguarding of children and young people who are not brought to appointments.

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 some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A risk assessment had not been carried out since 2011. All recommendations in the assessment had been actioned and records of water temperature testing were maintained and showed temperatures were consistently over 50°C. We highlighted the hot water temperature should be adjusted to maintain temperatures of 55°C.

Staff used a biocidal product to maintain the water in the dental unit water lines and carried out dipslide testing to monitor the water quality. We found that staff were not following the manufacturer's instructions not to remove the bottles from the dental units at the end of each working day. The manager confirmed that this would be discussed with staff and daily surgery checklists updated to show the correct procedure.

The practice had undergone renovations in 2016 which included changes to the water systems. The provider had not ensured a risk assessment was carried out at this time in line with the approved code of practice and guidance Legionnaires' disease. The control of legionella bacteria in water systems from the Health and Safety Executive. They confirmed they would arrange for a new risk assessment to be carried out.

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 infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

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

Are services safe?

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency staff. These reflected the relevant legislation. We looked at all 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. We noted a critical acceptance testing report carried out in 2015 included recommendations to relocate the X-ray control panel and isolation switch, and to ensure an unshielded door is reviewed. This had not been acted on in a timely way. The provider took immediate action to raise this with their radiation protection adviser (RPA) for advice. After the inspection the provider sent evidence to show the RPA reviewed the risks, local rules for operators had been adjusted and action was taken to relocate the isolation switch.

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

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

Risks to patients

The provider had implemented 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. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where necessary to minimise the risk of inoculation 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 inoculation 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. One member of staff was waiting for the results of testing to show immunity. A risk assessment was in place for them to prevent accidental exposure.

Staff had 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 present with dental infection and where necessary refer patients for specialist care.

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.

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

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. These included an assessment of the substance used in the dental unit waterlines. We highlighted the need to ensure all the manufacturer's recommendations are followed.

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 found that current guidance with regards to prescribing medicines was not being followed. We noted higher than expected prescribing of antimicrobial medicines. We reviewed six recent examples in discussion with the dentists. The dental care records for these did not include a documented diagnosis or justification for the prescription. For example, whether efforts had been made to address the complaint or to document if this was not possible, or an assessment of whether there were any signs of systemic

involvement. The provider told us they had been aware of this before the inspection and this had been discussed but not monitored. No antimicrobial prescribing audits had been carried out to assess the extent of the issue and demonstrate improvements. The provider confirmed this would be addressed.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. We reviewed previous safety incidents. We saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The system for receiving and acting on safety alerts could be improved. Staff told us they received these by email but evidence of this could not be shown. We highlighted alternative ways to ensure they received all relevant patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We highlighted the availability of guidance and audit tools from the Faculty of General Dental Practitioners on antimicrobial prescribing.

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 clinicians 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 and dental hygiene therapist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. We found the process to refer patients to the dental hygienist could be improved. For example, by documenting a diagnosis and providing clear instructions to the dental hygienist in the dental care records.

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

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 staff

were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them, discussed options 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 might 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 may give consent for themselves in certain circumstances. 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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, but the process to review these and demonstrate improvement in subsequent audits should be reviewed.

Effective staffing

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

Staff new to the practice including agency staff had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

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

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 polite, helpful and caring. 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, understanding and kind when they were in pain, distress or discomfort.

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

Privacy and dignity

Staff 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 privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. 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 to be involved in decisions about their care. They were aware of the requirements of the Equality Act. We saw:

Interpreter services were available for patients who did not speak or understand English. Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available. For example, large format documents were available and could be emailed to patients if they preferred.

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 taken 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.

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.

15 cards were completed, giving a patient response rate of 30%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness and caring approach by staff, easy access to dental appointments and the improvements that had been made to the premises.

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.

The practice had made reasonable adjustments for patients with disabilities in line with a disability access audit. This included the provision of a portable ramp, a ground floor surgery and the use of the staff toilet on the ground floor. The provider was exploring options to improve the facilities and accessibility.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice offered occasional Saturday and some late evening appointments for the convenience of patients.

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 message and postal reminders for forthcoming appointments. Staff telephoned some patients before their appointment to make sure they could get to the practice. Improvements had recently been made to introduce dedicated spaces in the appointment book to allow sufficient time for patients who needed urgent care. Those 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 responded 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.

The registered 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.

We looked at comments, compliments and complaints the practice received in the last 12 months.

We discussed ways to ensure that patients received a quick response and early resolution when they expressed dissatisfaction with the services. For example, the current

Are services responsive to people's needs?

(for example, to feedback?)

process was to forward any complaints to the registered manager who worked at a different location. The practice staff could be trained to settle complaints in-house and invite patients to speak with them in person to discuss and resolve these amicably where possible.

Information was available about organisations patients could contact if not satisfied with the way the practice had dealt with their concerns.

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.

At the time of the inspection, the practice manager was away for unforeseen circumstances. The provider and a manager from another location in the organisation were reviewing the systems and day to day running of the practice during this time. They demonstrated how they met regularly and worked together and reviewed systems to meet the needs of patients and staff at the practice. Systems and processes were in need of further review as the inspection highlighted several issues and omissions. The information and evidence presented during the inspection process was clear and well documented.

Leadership capacity and capability

We found the registered manager was open to discussion and feedback during the inspection to highlight areas of improvement. They demonstrated an awareness of issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had a culture of high-quality 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 annual appraisals and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients.

We saw the provider did not have effective systems in place to deal with staff poor performance. A performance policy or process was not available. There was a lack of evidence that the provider had systems and processes for the oversight of antimicrobial prescribing to ensure this was in line with faculty guidance. Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 clear responsibilities, roles and systems of accountability to support governance and management.

The registered manager had overall responsibility for the management and clinical leadership of the practice. A company 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 and were reviewed on a regular basis.

The processes for managing risks, issues and performance were ineffective.

The inspection highlighted risks in relation to the management of Legionella, systems to receive patient safety alerts and radiographic safety. Evidence was sent after the inspection of issues that were actioned in relation to radiographic safety.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

The provider 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

Are services well-led?

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

The provider used patient surveys and encouraged verbal comments to obtain patients' views about the service.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. 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 had systems and processes for learning, continuous improvement and innovation.

The provider's quality assurance processes and audit process should be reviewed to encourage learning and

continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We noted that the results of the previous three dental care record audits included the same recommendation to ensure treatment plans were completed and provided to the patient. We noted these audits did not highlight the lack of a documented periodontal diagnosis or clear instructions to the dental hygienist.

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

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 12 HSCA (RA) Regulations 2014 Safe care and treatment 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: • The registered person did not ensure that antimicrobials were prescribed in line with current legislation and nationally agreed guidance from the Faculty of General Dental Practice (UK). • The systems to receive 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 could not be evidenced. • An up to date Legionella risk assessment was not carried out in compliance with The Approved Code of Practice and Guidance L8, "Legionnaires' Disease – The Control of Legionella Bacteria in Water Systems" Regulation 12 (1)
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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:

Requirement notices

- The systems to audit dental care records should be reviewed to improve the quality and safety of the service. In particular, to ensure a diagnosis is documented and clear instructions are provided to the dental hygienist.
- The registered person did not have sufficient arrangements in place to respond to performance issues. Systems were not in place to make improvements without delay once identified, any development needs identified, supported and improvements monitored.
- Systems to identify and act on risk were ineffective. In particular, ensuring Legionella risk assessments were carried out at the appropriate time.
- Systems were not in place to ensure recommendations in the radiographic critical acceptance testing report were acted on in a timely way.

Regulation 17(1)