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# Chana Dental Practice - Leeds

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 23 July 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was not providing safe care in accordance with the relevant regulations

##### **Are services effective?**

We found that this practice was not 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

CQC inspected the practice on 2 November 2014 and asked the registered provider to make improvements regarding cleanliness and infection control. We checked these areas as part of this comprehensive inspection and found this had been resolved.

Chana Dental Practice – Leeds is located in the Harehills area of Leeds. The practice treats patients of all ages and provides a wide range of dental services including preventative and restorative treatments.

The practice has one surgery, a decontamination room, one waiting area and toilet facilities. The reception area is situated in the surgery.

The practice has one dentist, one dental nurse, one trainee dental nurse and a practice manager who is also the receptionist.

The practice opening hours are Monday and Tuesday 2-00pm to 5-00pm, Wednesday and Friday 9-30am to 12-30pm and Thursday 3-30pm to 6-00pm.

During the inspection we spoke with patients who used the service on the day of inspection and reviewed completed CQC comment cards. 28 patients provided feedback about the service. Patients we spoke with and those who completed comment cards were positive

# Summary of findings

about the care they received about the service. They commented that staff were caring, helpful and respectful, treatment was well explained, the practice was clean and that they had no problems getting appointments.

## **Our key findings were:**

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- Patients were treated with care, respect and dignity.
- Patients were able to access appointments in a timely manner.

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

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

- Ensure all medical history forms are fully completed
- Ensure accurate audits are conducted at regular intervals
- Implement a system to check that all medical emergency equipment are fit for use
- Implement a system to ensure that materials are not out of date

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Take actions to update the COSHH folder is updated to include new materials
- Aim to follow their recruitment policy when employing new staff

# 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 not providing safe care in accordance with the relevant regulations. We have told the registered provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Patients' medical histories were obtained before any treatment took place, however we saw that medical history forms were not always fully completed. Staff were trained to deal with medical emergencies. We did not see evidence that emergency equipment was regularly checked in line with British National Formulary (BNF) and Resuscitation UK guidelines.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any incidents in the last 12 months but there was a system in place to act upon any incidents which may occur in the future.

Staff had received training in safeguarding children and vulnerable adults and knew the signs of abuse and who to report them to.

The staff were suitably qualified for their roles however their recruitment policy was not followed when employing new staff.

### **Are services effective?**

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

Patients' dental care records we viewed were not always thorough. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP) "Selection Criteria for Dental Radiography" and National Institute for Health and Care Excellence (NICE). The practice focused strongly on prevention and the dentists were aware of 'The Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were supported to deliver effective care through training and supervisions. The clinical staff were up to date with their continuing their professional development (CPD) and they were supported to meet the requirements of their professional registration.

### **Are services caring?**

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

We were provided with feedback from 28 patients. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented they were involved in treatment options and full explanations of treatment was given. It was also noted that reception staff were always friendly.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

### **Are services responsive to people's needs?**

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

# Summary of findings

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

## **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 registered provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The practice audited clinical and non-clinical areas as part of a system of continuous improvement and learning. However, we noticed a discrepancy between the audit results and what we saw.

There was a clearly defined management structure in place and staff all felt supported and appreciated in their own particular roles. The practice manager and principal dentist were responsible for the day to day running of the practice.

They regularly undertook patient satisfaction surveys and were also undertaking the NHS Family and Friends Test.

# Chana Dental Practice - Leeds

## Detailed findings

### Background to this inspection

This announced inspection was carried out on 23 July 2015 by a dentally qualified CQC inspector.

We informed the local NHS England area team and Healthwatch Leeds that we were inspecting the practice.

During the inspection we toured the premises, spoke with the dentist, the dental nurse, the practice manager and two patients. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. We saw evidence that they were documented, investigated and reflected upon by the dental practice. Patients were given an apology and informed of any action taken as a result. The practice manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The practice responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession.

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

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The principal dentist was the safeguarding lead professional in the practice and all staff had undertaken safeguarding training in the last two years. There had not been any referrals to the local safeguarding team; however they were confident about when to do so. Staff we spoke with told us they were confident about raising any concerns with the safeguarding lead professional.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). Rubber dam (this is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field) was used in root canal treatment in line with guidance from the British Endodontic Society.

### Medical emergencies

The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation

kits, oxygen and emergency medicines were stored for easy access for staff. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

We were told that the AED, oxygen and emergency medicines were checked regularly. However, there were no checklists to prove that checks on the oxygen cylinder and AED actually took place. We found the oxygen cylinder to be two years out of date. Therefore the practice could not be sure that the equipment would be effective in the case of a medical emergency.

Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

### Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The principal dentist told us the practice carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We viewed the staff folders and found that references for the newest member of staff had not been provided or sought. Therefore the practice could not be sure that they were employing fit and proper persons.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

### Monitoring health & safety and responding to risks

The practice owner and receptionist carried out health and safety checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date. Health and safety and risk

# Are services safe?

management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. The practice is not required to conduct a fire risk assessment because the business has less than five people working for it; however we were informed that regular checks were undertaken and fire evacuation procedures were displayed in appropriate areas.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how it managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures. However, the COSHH folder was not complete as it did not include several substances which were used in the practice. This was brought to the attention of the registered provider.

## Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We observed the treatment room and the decontamination rooms to be clean and hygienic. Work surfaces were generally free from clutter. Staff we spoke with told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned; we saw evidence that this had taken place. There were hand washing facilities in the treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients we spoke with confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. The decontamination room was also used as a store room for patients care records, however there was clear demarcation between the two areas. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

The infection control lead showed us the procedures involved in decontaminating, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic bath to clean the used instruments, then examined them visually with an illuminated magnifying glass, then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff did not always wear protective eye wear during the decontamination process.

The practice had systems in place for quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient numbers of instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out the self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out in the last 12 months. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month.

## Equipment and medicines

# Are services safe?

The practice had maintenance contracts for essential equipment such the X-ray set, autoclave and ultrasonic bath. Portable appliance testing (PAT) was completed (PAT confirms that electrical appliances are routinely checked for safety). We saw evidence of validation of the autoclave, X-ray machine and compressor.

The practice did not have systems in place regarding the use and stock control of the medicines and materials used in clinical practice. During the inspection we saw several materials which had passed their expiry date. Therefore the practice could not be sure that these materials were fit for use which could affect patient care. This was brought to the attention of the registered provider and they agreed to start a system to check that out of date materials are not used.

## **Radiography (X-rays)**

The practice had a radiation protection file and a record of the X-ray equipment including service and maintenance history. Records we viewed demonstrated the X-ray equipment was regularly tested. A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only.

X-ray audits were carried out every year and involved taking a sample of X-rays. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentist carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice UK (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

We reviewed 10 care records with the dentist regarding the oral health assessments, treatment and advice given to patients. Clinical records included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Medical history checks were present; however they were not always complete. Therefore the dentist could not be sure that treatment could be carried out safely.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed the guidance from the Faculty of General Dental Practice (FGDP) "Selection Criteria for Dental Radiography" before taking X-rays to ensure they were required and necessary. However, X-rays were not justified in line with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. X-rays were also not thoroughly reported.

### Health promotion & prevention

The practice was aware of the importance of preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health' (DBOH) toolkit (an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). For example, the practice recalled patients at high risk of tooth decay to receive fluoride applications to their teeth. Patients were given advice regarding maintaining good oral health and were provided with information leaflets to reinforce the importance of maintaining good oral hygiene.

The medical history form patients completed included questions about smoking and alcohol consumption. The dentist told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. There were health promotion leaflets available in the waiting room to support patients.

### Staffing

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all relevant staff and we saw evidence of on-going CPD. Mandatory training included basic life support and infection prevention and control.

The practice manager monitored staffing levels and planned for staff absences to ensure the service to patients was uninterrupted. If staff members were ever absent then staff could be moved over from the branch practice to ensure that the service continued unaffected.

The dental nurse was supervised by the dentist and supported on a day to day basis by the practice manager. Staff told us the practice manager was readily available to speak to at all times for support and advice. Staff told us they had received annual appraisals and reviews of their professional development. We saw evidence of completed appraisal documents.

### Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment in line with current NICE guidelines. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Upon receiving a response letter this was viewed by the referring clinician and then stored in the patient's paper record card.

### Consent to care and treatment

Patients we spoke with stated that they were given appropriate information to support them to make decisions about the treatment they received. Staff described to us how consent was obtained for all care and treatment and the role family members and carers might

# Are services effective?

(for example, treatment is effective)

have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. Staff were aware and understood the principals involved in the mental capacity act.

The dentist informed us that verbal consent was always given prior to any treatment. We noted that there was no evidence in the clinical records that treatment options had been discussed. We also noted that treatment plans were

not fully completed before patients signed them. Therefore the practice could not be sure the patient had consented to the proposed treatment. This was brought to the attention of the dentist and practice manager and they said this would be addressed.

Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

# Are services caring?

## Our findings

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

We were provided with feedback from 28 patients. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, discreet and respectful to patients.

Patients' clinical records were recorded on paper cards. Patients records were kept securely in a locked cabinet in the decontamination room.

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

The dentist informed us that patients were provided with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. The practice displayed information in the waiting area that gave details of NHS dental charges.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and found the premises and facilities were appropriate for the services that were planned and delivered.

The practice had undertaken a disability access survey which indicated that the premises were not suitable for persons who could not climb stairs. The survey suggested a solution would be to build a ramp to access the surgery. However, after discussion with the dentist they informed us that the council would not allow this to be installed. Patients who could not climb stairs were sign-posted to a local health centre which had suitable access for disabled persons.

We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots to accommodate urgent or emergency appointments. Patients we spoke with confirmed they had sufficient time during their appointment and did not feel rushed. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients we spoke with told us the practice was providing a service that met their needs. The practice offered patients a choice of treatment options to enable people to receive care and treatment to suit them. The practice regularly sought the views of patients through the patient survey and the NHS Family and Friends Test to voice their concerns and needs.

### Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The practice recognised the needs of different groups in the planning of its services. We saw that they had made some adjustments to enable patients to receive their care or treatment, including the installation of an audio loop system for patients with a hearing impairment.

### Access to the service

The practice displayed its opening hours on the premises and in the practice leaflet. Opening hours are Monday and Tuesday 2-00pm to 5-00pm, Wednesday and Friday 9-30am to 12-30pm and Thursday 3-30pm to 6-00pm. There were clear instructions displayed in the practice and via its answer machine for patients requiring urgent dental care when it was closed. CQC comment cards reflected patients felt they had good access to routine and urgent dental care.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room, on the practice website and in the practice leaflet. There had been one complaint in the last 12 months. We saw this had been dealt with in line with the practice's complaints policy and a suitable apology given.

# Are services well-led?

## Our findings

### Governance arrangements

The practice is a member of the British Dental Association 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The practice had some governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures in place to manage those risks including infection control and legionella. The practice had an audit system in place to identify where quality was being compromised. We reviewed the most recent clinical record audit which suggested that the practice was complying with current FGDP guidelines. However, when we viewed the clinical records it was evident that these guidelines were not being followed. Details of justification of X-rays were not recorded, reports of X-rays were not thorough, patients' medical histories were not always complete, there was no evidence of discussion of treatment with patients and the records were not always totally legible. An audit of the quality of X-rays had also been undertaken; however there had not been any learning gained from the audit and no action plan was recorded.

### Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner. All staff were aware of whom to raise any issue with and told us that the practice manager and dentists were approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

### Management lead through learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Information about the quality of care and treatment was actively gathered from a range of sources, for example audits and comments from patients. The practice audited areas of their practice as part of a system of continuous improvement and learning.

The practice had monthly staff meeting where significant events and ways to make the practice more effective were discussed and learning was disseminated. All staff had annual appraisals where learning needs and aspirations were discussed.

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

Patients and staff we spoke with told us that they felt engaged and involved at the practice both informally and formally. Staff we spoke with told us their views were sought and listened to. The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out quarterly surveys. The most recent patient survey indicated a high level of satisfaction with the quality of the service provided. The practice also undertook the NHS Family and Friends Test.

## 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 provider did not ensure that the equipment used for providing care or treatment to a service user is safe for such use and used in a safe way. Regulation 12(1) and 12(2)(e)

  

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 provider did not effectively assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Regulation 17(1) and 17 (2)(a)  The registered provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17(1) and 17(2)(c)