

## Mottingham Dental Practice Limited

# Mottingham Dental Practice

### Inspection Report

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Date of inspection visit: 5 May 2016

Date of publication: 30/06/2016

## Overall summary

We carried out an unannounced comprehensive inspection on 5 May 2016 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 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**

Mottingham Dental Practice is located in the London Borough of Greenwich and provides predominantly NHS dental services. The demographics of the practice were generally mixed, serving patients from a range of social and ethnic backgrounds.

The practice staffing consists of three dentists, three dental nurses, a trainee dental nurse and two receptionists.

The practice is open from 9.00am to 7.00pm on Monday to Thursdays; 9.00 to 5.00pm on Fridays and 9.00am to 1.00pm on Saturdays. The practice is set out on one level (ground floor) and all patient areas are step free. The facilities include three consultation rooms, a reception area, patient waiting room and a room used as a staff kitchen and decontamination. The premises were wheelchair accessible although the toilet was not wheelchair.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons 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 inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

# Summary of findings

We received feedback from three patients through completed Care Quality Commission comment cards. Patient feedback was very positive about the service. They were also complimentary about the staff stating they were polite and courteous.

## **Our key findings were:**

- Systems were in place for the provider to receive safety alerts from external organisations and they were shared appropriately with staff.
- Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff.
- The practice had access to an automated external defibrillator (AED) and medical oxygen.
- There were processes in place to safeguard patients.
- Patients' needs were assessed and care was planned in line with current guidance.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- All clinical staff were up to date with their continuing professional development.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained. However portable appliance testing was overdue.
- There were systems in place for patients to make a complaint about the service if required.
- There was lack of effective systems in place to reduce the risk and spread of infection. Dental instruments were not always decontaminated suitably.
- The practice was not carrying out risk assessments regularly to ensure the health and safety of people who used the service.
- There were inadequate governance arrangements in place to ensure that quality and performance were regularly monitored.

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

- Ensure the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Ensure systems are in place to assess, monitor and improve the quality of the service such as undertaking regular audits of various aspects of the service and ensuring that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

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

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

Systems were in place for the provider to receive safety alerts from external organisations and they were shared appropriately with staff. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. Pre-employment checks were carried out appropriately.

Medicines were available in the event of an emergency. Staff had access to an automated external defibrillator (AED).

Processes were not in place to ensure all equipment was serviced regularly and in correct working order. The practice was not carrying out regular risk assessments. There was lack of a suitable area for decontamination of used dental instruments and the clinical areas were generally noted to be cluttered and dusty. Dental instruments were not decontaminated suitably. Staff were not following published guidance and we noted debris on some cleaned and sterilised instruments that were ready for patient use.

### **Are services effective?**

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance. Patients were given relevant information to assist them in making informed decisions about their treatment and consent was obtained appropriately. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005.

The practice maintained appropriate dental care records and patient details were updated regularly. Information was available to patients relating to health promotion and maintaining good oral health.

### **Are services caring?**

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

Feedback from patients was positive. We received feedback from three patients. Patients stated that they were involved with their treatment planning and were able to make informed decisions. Staff gave us examples of how they showed compassion and empathy towards patients. We observed consultations being carried out with doors closed to maintain privacy.

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

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

Patients had access to the service which included information available via the practice leaflet. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours patients were directed to their dentist, and the '111' out of hours' service. The building was wheelchair accessible; however the patients' toilets were not. Information was available in accessible formats.

There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients.

# Summary of findings

## **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 at the end of this report).

Staff meetings were held monthly and staff told us they found them useful. Staff told us they were confident in their work and felt well-supported.

Governance arrangements were poor and staff were not always following practice policies and procedures. Risk assessments and servicing of equipment were not being carried out in line with their governance arrangements. Monitoring to ensure appropriate maintenance of equipment was not being effectively undertaken. Audits were not being conducted regularly and they did not demonstrate they were being used as a tool for continuous improvements.

# Mottingham Dental Practice

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 5 May 2016 and was undertaken by a CQC inspector and a dental specialist adviser. The inspection was unannounced because we had received information of concern. Prior to the inspection we reviewed information available on the provider's website.

The methods used to carry out this inspection included speaking with the dentists, dental nurses and reception staff on the day of the inspection, reviewing documents, completed patient feedback forms and observations. We received feedback from three patients.

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

There were systems in place to receive safety alerts by email. The principal dentist received alerts and updates and shared them with staff via email, as and when relevant. Examples of alerts we saw were from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England updates.

There had not been any incidents or accidents in the practice in the last 12 months. We did however review the accident/ incident book and saw the last recorded accident which had occurred in early 2015. We saw that the incident was recorded appropriately. We spoke with the principal dentist about the handling of incidents and the duty of candour. The explanation was in line with the duty of candour expectations. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Staff demonstrated an understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) and had the appropriate documentation in place to record if they had an incident. There had not been any RIDDOR incidents, within the past 12 months.

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

The principal dentist was the safeguarding lead and staff knew this and told us they would refer all safeguarding queries to them. The practice had policies and procedures in place for safeguarding adults and children protection. The relevant local authority safeguarding escalation flowcharts and diagrams for recording incidents were maintained in a central folder which all staff had access to.

We reviewed staff training records and saw that all staff had received safeguarding adults and child protection training to the correct level. Staff we spoke with demonstrated sufficient knowledge of safeguarding issues.

The dentists in the practice were following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [A rubber dam is a thin,

rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured].

Medical histories were reviewed at each subsequent visit and updated if required. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

### Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice and these were stored securely. The emergency drugs were checked weekly and we saw the records to confirm this. Staff had access to suitable emergency equipment on the premises. There was an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. Medical oxygen cylinder was available in each of the surgeries.

All clinical staff had completed recent basic life support training which was repeated annually. All staff were aware of where medical equipment was stored.

### Staff recruitment

The staff team consists of three dentists, three dental nurses, a trainee dental nurse and two receptionists. The practice manager post was currently vacant; a new practice manager was due to start the week following our inspection.

The provider had an appropriate policy in place for the selection and employment of staff. Applicants were required to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations (where applicable). We reviewed ten staff files and saw that appropriate checks had been carried out at their time of employment this included references, copies of interview records and evidence of past history. All staff

# Are services safe?

had a Disclosure and Barring Services check on file. DBS checks were renewed at regular intervals. (The DBS 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 saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

## **Monitoring health & safety and responding to risks**

The practice had a health and safety policy and appropriate business continuity plan in place to deal with foreseeable emergencies; however they were not always being followed. For example their policy stated that they should conduct a premises risk assessment annually, however we did not see evidence of one being completed in many years. There had been no risk assessment of sharps. We discussed this with the principal dentists and they told us that they recognised that the risk assessments were not being completed. They assured us that future risk assessments would be carried out appropriately.

The practice did not have a fire risk assessment in place to monitor the risks associated with fire. We discussed this with the principal dentist and they confirmed that this was lacking and assured us they would arrange for a risk assessment to be carried out as soon as possible.

There was a business continuity plan that outlined the intended purpose to help staff overcome unexpected incidents and their responsibilities and duties. The plan outlined potential problems such as loss of computer system, loss of telephone and loss of electricity. Procedures were in place to enable them to respond to each situation.

## **Infection control**

The practice did not have effective systems in place to minimise the risk and spread of infections. There was no appointed lead for infection control.

There was lack of a separate decontamination room. There was a room where instruments were decontaminated however it was also used as a staff kitchen and the OPG X-ray machine was also located in the same room.

There were three sinks in the room however the sinks were not dedicated for decontaminating dental instruments. For example, we saw a kettle, washing up liquid, cups and saucers on one of the sinks. Staff confirmed that they used the sinks for making hot drinks and washing up.

There was a fridge in the room labelled "drugs only". We found food items, milk and juice along with medicines.

We discussed the use of the room with the principal dentist and they told us that they knew the arrangements were not ideal; however because of space restrictions they had no alternative.

The principal dentist assured us this issue would be rectified as a matter of urgency. The following day the principal advised us that all food items had been removed from the fridge and the room was no longer being used as a kitchen. They were making plans to remove the X-ray machine.

One of the dental nurses gave a demonstration of the process for decontaminating of used dental instruments. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

The decontamination process included manually cleaning; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required) and placing in the autoclave. We noted the magnifying glass to be soiled and visibly dirty. Instruments were not always pouched.

There was one autoclave. We saw records of all the daily and weekly checks and tests that were carried out on the autoclave to ensure it was working effectively.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits.

We noted that single use items such as rose head burs and matrix bands were being re-used.

There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice.

All the surgeries were cluttered and some of the sharps bins were not assembled and labelled correctly. Some of the drawers were over filled; there were books, folders and dental materials lying on the work surfaces.

# Are services safe?

We were told the dental nurses were responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. Domestic cleaning was currently being carried out by staff. The principal dentist told us that they were in the process of finding new domestic staff because the contract for the previous cleaners had ended approximately one month ago. We saw that areas of the practice were dusty including the patients' toilets and surgery three. There was heavy build-up of lime scale in the sinks in all three surgeries. Cleaning mops were stored in the patients' toilet.

The practice had an external Legionella risk assessment carried out in October 2013 [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Taps were flushed daily in line with recommendations.

The practice carried out infection control audits annually. We reviewed the last audit conducted in September 2015. The audit had failed to identify any of the issue that we noted.

## Equipment and medicines

There were arrangements in place for the maintenance equipment. The autoclave was serviced in February 2015. We saw a certificate for the compressor examination that was completed on 17 December 2014.

The practice had portable appliances and carried out PAT (portable appliance testing). Appliances were last tested in January 2010. The provider showed us documentation confirming all equipment was due to be re-tested two days after the inspection.

## Radiography (X-rays)

The practice had a radiation protection file. The principal dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

There was a radiation protection file. Some of the servicing information was not available on the day of the inspection; however the principal dentist sent this information following the inspection. All relevant staff were up to date with IRMER training.

The practice was not carrying out regular audits of X-rays.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We spoke with the principal dentist and other clinical staff and saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), a social history recording habits such as eating and activity and an extra- and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed.

An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. When an X-ray was taken justification for the X-ray was recorded and graded.

Guidelines such as those from the National Institute for Health and Care Excellence (NICE) were used to assess each patient's risks. We saw that their recall rates were in line with current recommendations.

### Health promotion & prevention

We saw evidence that clinicians in the practice gave patients' health promotion and prevention advice. Dental care records documented discussions about advice given to maintain oral health and fluoride application. The dentists also told us that they gave health promotion and prevention advice to patients during consultations.

Health promotion leaflets were available to patients. This included such as on smoking cessation and improving dietary habits.

### Staffing

All clinical staff had current registration with their professional body, the General Dental Council. We saw example of staff working towards their continuing professional development requirements, working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental

nurses must carry out 150 hours every five years]. We saw examples of opportunities that existed for staff for further training and courses that were outside the core and mandatory requirements.

Conscious sedation was carried out by one of the dentists. (These are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation). The dentist and the dental nurse assisting with sedation were both up to date with training requirements.

### Working with other services

The practice had processes in place for effective working with other services. Referral forms were available for referrals to the hospital, periodontal, orthodontic and two week suspected cancer. Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. Copies of all referrals made were kept on the patients' dental care records. Fast track referrals were seen within two weeks and details were followed up with a telephone call to ensure it was received.

### Consent to care and treatment

All staff we spoke with demonstrated a good knowledge of assessing mental capacity with patients and an understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them]. Dental care records we checked demonstrated that consent was obtained and recorded appropriately.

We reviewed dental care records and saw that consent was documented. Consent forms were available and used for complex treatment. For example, the practice carried out sedation and we saw that information sheets were given to patients and consent signed and stored in the patients' dental care record.

# Are services caring?

## Our findings

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

We received feedback from three patients via Care Quality Commission comment cards. Patients stated that they were treated with dignity and respect.

Staff told us they ensured they maintained privacy during consultations by keeping the treatment room doors closed, keeping their personal information confidential and speaking to patients respectfully. We observed this during our inspection.

Patients' information was held securely electronically. All computers were password protected with individual login requirements

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

Staff told us that they involved patients in the delivery of treatment by giving them relevant information and ensuring they understood proposed treatment. For example, the dentist used models and other aids to explain treatment so patients could make informed decisions. We reviewed dental care records and saw that dentists documented consultations with patients and evidenced involvement.

Information relating to costs was displayed in the reception area. Staff told us that patients were always given information relating to costs and given explanations about the different NHS band charges.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Staff gave various examples of how they responded to the needs of their patients. For example, they had patients who were wheelchair users. For these patient they always ensured they booked their appointments in surgery one which was the largest surgery and most suitable for wheelchairs. They also gave examples of slotting in appointments such as at the start of the day before opening or at the end of the day after closing times to accommodate patient's needs. The practice also accommodated emergency and non-routine appointments every day during opening times. If a patient had a dental emergency they were asked to attend the surgery, and would be seen as soon as possible.

### Tackling inequity and promoting equality

The building was step free with wheel chair access. Staff had access to translation services and the staff team were multilingual.

### Access to the service

The practice opening times were advertised in the practice leaflet and on the practice door. Appointments were available from 9.00am to 6.00pm Monday and Thursdays; 8.30am to 7.00pm Tuesday and Wednesdays; 9.00am to 5.00pm Fridays and 9.00am to 1.00pm on Saturdays.

Appointments were booked by calling the practice or in person by attending the practice.

There was a sign in the patient waiting room with the contact details of the "111" out of hours service if a patient needed to see a dentist outside of normal opening times. They were also informed of the service via the recorded message on the practice answer machine.

### Concerns & complaints

The principal dentist was responsible for handling complaints and staff were aware of this and knew to direct complaints to the principal dentist or the practice manager. At the time of our inspection there had been one complaint made in the past 12 months. We reviewed the complaint and saw that it had been responded to in accordance with their policy. The principal dentist told us that lessons learnt from the complaint were shared with staff in a staff meeting. Staff confirmed this was the case.

Reception staff gave patients information on how to make a complaint and advised on how they could record a complaint, or took details of a complaint was verbal.

# Are services well-led?

## Our findings

### Governance arrangements

There were inadequate governance arrangements in place to ensure that quality and performance were regularly monitored. Audits were not being completed regularly and completed audits did not demonstrate they were being used for continuous improvements. For example, we reviewed a record card audits completed. The audit was undated and was a review of four records looking at medical history, dental history and patient involvement. There were sections on the audit to record the analysis of findings, areas of weakness, areas of strength and actions required. None of these sections had been completed. There were other audits completed in the same way such as appointments audits and other dentist's record card audits. We discussed these issues with the provider and they confirmed that the completion of the audits was not adequate.

Governance arrangements were not in place to ensure equipment was maintained appropriately or for staff to know if servicing was in date. PAT testing was out of date; they did not have systems in place to know whether X-ray equipment and the compressor had been serviced. The provider had to contact the relevant companies following the inspection to get confirmation that the servicing had been carried out.

We found that staff were not following their policies and procedures in relation to health and safety and infection control. For example their policy stated that H&S risk assessments should be carried out annually however the provider was not doing this. There was a premises risk assessment on the file but it was blank. Audits were not being carried out appropriately or periodically

### Leadership, openness and transparency

We discussed the Duty of Candour requirement in place on providers with the principal dentist and they demonstrated an understanding of the requirement.

Staff were clear who the lead was in the practice however lines of responsibility in the practice structure were not always clear. For example, there was no lead for infection control and staff were unclear about the lead for radiation protection.

During our inspection we identified a number of areas that required improving. The principal dentist was very accepting of the shortfalls and open and transparent with us with regards to explaining them.

### Learning and improvement

Training was planned on an individual basis with staff. Staff we spoke with were very positive about the training and development opportunities they received. They gave us examples of learning events such as 'lunch and learn' sessions from external organisations and also feedback provided in team meetings where they discussed issues that may have arisen in the practice.

Staff meetings were held monthly. Minutes were not always maintained of the meetings; however staff gave us examples of topics discussed, feedback they were able to give and information they were given during the meetings.

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

The practice participated in the NHS Friends and Family Test (FFT). We reviewed the forms completed for the period April 2015 to December 2015. There were no completed forms for January to April 2016. The principal dentist explained that they had fallen behind in receiving feedback from patients through the FFT due to extreme workloads and not having a member of staff available to lead on it.

The practice had their own comments and compliments survey for patients to complete on an on-going basis. They had received feedback from patients during the period January 2016 to April 2016. The feedback had not been analysed formally but we saw that patients' feedback was generally very positive about the service. We reviewed the results of the FFT carried out from September 2015 to December 2015 and the results were positive.

The principal dentist told us that this was an area that the new practice manager would be leading on.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 HCSA 2008 Regulations 2014 Safe care and treatment</b></p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>The provider had not undertaken suitable steps for the prevention, detection and controlling the spread of infections, including those associated with healthcare. For example, dental instruments were not cleaned properly and the decontamination room was being used as a staff kitchen.</li></ul> <p><b>Regulation 12 (1) (2) (h)</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 HCSA 2008 Regulations 2014 Good governance</b></p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>The systems the provider had in place to assess the quality of the service were not fit for purpose. Audits were not carried out regularly and they did not demonstrate how they analysed or measured improvements.</li><li>The provider did not have systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</li></ul> <p><b>Regulation 17 (1) (2)(a)(b)</b></p>