

Dr. Mohammed Fiaz

Bell Green Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 21 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

Bell Green Dental Surgery is in Coventry and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

The dental team includes three dentists, two dental nurses that also work as receptionists and two dental nurses that also take on the responsibility of practice management. The practice has three treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 22 CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, one dental nurse who worked on reception and two dental nurses / practice managers.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm

Saturday and Sunday from 10am to 12pm

Our key findings were:

- The practice was clean and mostly well maintained. Some areas of the practice would benefit from remedial work to improve ability to clean.
- The practice was open every day of the year to meet the needs of patients.
- The practice had infection control procedures which mostly reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Training in basic life support could not be demonstrated for all staff in the year preceding the inspection.
- The practice had some systems to help them manage risk. Some required risk assessments for example: a Legionella risk assessment was not completed at the time of the inspection. Other risk assessments were not used effectively to monitor and mitigate risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had mostly thorough staff recruitment procedures. They did not always record references.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently. The displayed complaints policy did not contain details of external companies that patients could raise complaints with. This was amended following the inspection.

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

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

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

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

- Review the practice's waste handling protocols to ensure waste is segregated and disposed of in accordance with relevant regulations taking into account guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review staff training & availability of equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK) and the General Dental Council (GDC) standards for the dental team.
- Review availability of an interpreter services for patients who do not speak English as a first language.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Some staff had received training in safeguarding and staff we spoke with knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks, although they did not always record references.

Equipment was clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable equipment for dealing with medical and other emergencies although basic life support training had not been completed by all staff in the year preceding our inspection.

No action



Are services effective?

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

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

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

We were shown evidence of some staff training but the practice could not evidence that all staff were up to date with required and recommended training.

No action



Are services caring?

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

We received feedback about the practice from 23 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, friendly and polite. They said that they were given full explanations of treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



Summary of findings

Are services responsive to people's needs?

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice did not have access to interpreter services to assist patients for whom English was not their first language.

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

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

The practice had some arrangements to ensure the smooth running of the service. Risk assessments were not always effective at highlighting and mitigating areas of concern. Examples of this included risks arising from Legionella bacteria, risks associated with staff for whom immunity to Hepatitis B could not be confirmed and observed risks within the premises.

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

The practice did not keep accurate and up to date records of training carried out by staff and so could not be assured that staff were up to date with required and recommended training.

The practice did not have an effective system in place for the use of audit as a tool to promote continuous improvement in respect of infection control and the quality of X-rays taken. Clinical audit in infection control and the quality of X-rays taken was provided following the inspection but did not demonstrate use of the system to highlight areas for improvement over time.

The practice asked for and listened to the views of patients and staff.

The practice took immediate steps to address some of the concerns raised, and we received some evidence following the inspection to demonstrate this. There remained scope to further improve the governance procedures within the practice in order to ensure compliance with regulations.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. The practice had not reported an incident in this way and therefore we were unable to see the process in action.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that some staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. A contact number for reporting child protection concerns was displayed behind reception. The practice did not display a contact number to report concerns to the welfare of vulnerable adults.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of retribution.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed their risk assessment when using needles and other sharp dental items. They did not use 'safer sharps'.

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

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

Medical emergencies

Staff knew what to do in a medical emergency and some staff had completed training in emergency resuscitation and basic life support within the year preceding our inspection. The provider contacted us following the inspection to explain how they would ensure that all staff would have completed training within a month of the inspection.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of expiry dates and checked them regularly, but did not record their checks. Following the inspection we were sent evidence that staff were logging the checks of emergency equipment and medicines to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice mostly followed their recruitment procedure. They did not always record references.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. The health and safety risk assessment was dated 1 November 2017. We observed areas that may constitute a risk which had not been highlighted as such in the risk assessment for example: a loose light switch in the X-ray room and trip hazards in doorways where the flooring from one room met the flooring of the other and had not been adequately finished. We received evidence following the inspection that the light switch had been fixed. The risk assessment also highlighted the need for fixed wiring checks; we were not shown evidence that this had been completed.

The practice had limited systems in place to meet the requirements of the Control of Substances Hazardous to Health Regulations 2002. The practice had one risk assessment to cover all the potentially hazardous substances in use at the practice. Therefore it was not effective at providing specific information for each

Are services safe?

individual product. Following the inspection twelve individual risk assessments were provided. There remained scope to complete this process for all potentially hazardous substances in the practice.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A fire risk assessment had been completed and appropriate fire checks were carried out and recorded. One member of staff had received fire training; evidence was not provided of this. No other staff had received fire training.

A dental nurse worked with the dentists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. The policy was brief and consisted of several statements rather than a detailed description of the processes in place. The policy particularly lacked detail around decontamination and environmental cleaning. There was scope to expand this policy so that it could be used more effectively by staff to ensure consistency of standards across the practice.

We observed staff completing the decontamination process which followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. We were shown evidence that some staff had completed infection prevention and control training in the year preceding our inspection.

The practice had suitable arrangements for transporting, cleaning, sterilising and storing instruments in line with HTM01-05. They inspected cleaned instruments for debris with a magnifying glass. This had the function to illuminate, but was not working at the time of the inspection. Following the inspection we received evidence that the magnifier illuminated.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice had carried out an infection prevention and control audit. At the time of the inspection we were shown a partial audit with pages missing. Following the inspection

the whole audit was provided. There was no action plan with the audit to address areas for improvement. We were not shown any previous audit to demonstrate they were carried out every six months in line with national guidance.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. They did not have a Legionella risk assessment and so could not be assured that they were doing all that was necessary to protect staff, patients and visitors. Following the inspection we were sent evidence that a Legionella Risk Assessment had been scheduled with an external company.

The practice were unable to demonstrate that all clinical staff were adequately immunised against Hepatitis B due to some serology results not being available.

The practice was cleaned daily by staff. The practice was clean when we inspected and patients confirmed this was usual. We noted areas of the practice which were not effectively cleanable due to damage. For example: the flooring in clinical space had worn through and was no longer impervious. There was a hole in the wall in the patient toilet and the threshold at several doorways within the practice had not been finished creating both a trip hazard and an area that could not be effectively cleaned.

The practice used bottle aspirators. We discussed their use with the practice principal who was aware that this type of system was no longer recommended. Prior to our inspection they had obtained a quote to fit motorised suction to the dental chairs; they had not gone ahead with this due to uncertainties surrounding the future of the premises. Following the inspection we received assurances that these units would be replaced by the end of the calendar year.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. The practice had overlooked testing of the air compressor, although it had been serviced. We raised this with the provider who made immediate arrangements for this to be carried out and we were sent evidence that the air compressor had passed the test following the inspection.

The practice had suitable systems for prescribing, dispensing and storing medicines. One specific medicine

Are services safe?

was stored out of the fridge, which, although acceptable would require the expiry date to be amended. Following the inspection we were sent evidence that the expiry date had been amended.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

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

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice were unable to demonstrate that they completed X-ray audits in line with current guidance and legislation. Following the inspection we were sent an operator specific X-ray audit with an action plan.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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 practice did not audit patients' dental care records to check that the dentists recorded the necessary information. Following the inspection we were sent an audit of dental care records, which looked at whether certain NHS documents and a medical history were available. The audit was not operator specific and therefore could not identify whether a particular dentist required more support. There was scope to improve the detail recorded in the audit in order to establish whether the standard of record keeping was in line with the recommendations of the Faculty of General Dental Practice.

Health promotion & prevention

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

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

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

Staffing

Staff new to the practice had a period of induction based on an informal induction programme.

We confirmed that most clinical staff completed the continuous professional development (CPD) required for their registration with the General Dental Council. The

practice did not have an effective system for oversight of CPD. We were shown some evidence of staff training but the practice could not evidence that all staff were up to date with required and recommended training. There was scope therefore to introduce a system by which the management team could have oversight of training carried out and therefore be aware if staff members were not up to date and take the appropriate action.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had a consent policy and a separate policy on Mental Capacity Act 2005. The team mostly understood their responsibilities under the act when treating adults who may not be able to make informed decisions although we were not shown evidence of training in this area. The consent policy also referred to the legal precedent where a person under the age of 16 is able to consent for themselves. The dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were helpful, friendly and polite. We saw that staff treated patients respectfully and were professional towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding and were put at ease by their manner.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave 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.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice was open every day of the year and provided emergency appointments on a sit and wait basis if very busy.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff were able to describe how they met the needs of patients with communication difficulties by allowing more time and making adjustments to the delivery of care.

Staff told us that they telephoned patients who had undergone complex treatment to ensure they were well following treatment and offer a further appointment if necessary.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, an automatic door (although this was not working at the time of the inspection), accessible toilet with hand rails, a call bell and baby changing facilities.

Staff said they could provide information in different formats to meet individual patients' needs for example: they were able to provide the practice leaflet in large print. They did not have access to interpreter/translation services.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments.

The 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. This included the principal dentist's mobile phone number.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the practice manager or principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. The complaints policy was displayed in the waiting area of the practice but did not contain information about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. This information was sent to the patient upon receipt of a formal complaint. Following the inspection the practice amended the policy to display contact details for agencies that the practice could raise their complaint with.

We looked at complaints the practice received in the last year. These showed the practice responded to concerns appropriately although there was scope to improve the record keeping in respect of complaints. Outcomes were discussed with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice managers were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. In the year preceding our inspection the practice manager had been absent for several months due to unforeseen circumstances. In response to this another member of staff assumed the role of practice manager; this was a new role to this member of staff. At the time of the inspection the original practice manager had not long returned to the service and there was a period of adjustment taking place.

The practice had some policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Certain policies lacked detail for example: the infection control policy was very brief and lacked detailed descriptions of the infection control processes in the practice. There was scope to expand this policy to act as manual for staff in the practice's cross infection processes.

At the time of the inspection the practice did not have a Legionella Risk Assessment that had been carried out by a competent person (although this was arranged following the inspection) the practice were not checking water temperatures to ensure that they were outside the temperature range in which Legionella is more likely to proliferate.

There was scope to improve the range of products risk assessed in the control of substances hazardous to health. At the time of the inspection the practice demonstrated one risk assessment which did not detail the risks arising from individual products. Following the inspection we were sent twelve individual risk assessments. There remained scope therefore to complete this process for all the potentially hazardous products in use in the practice.

The health and safety risk assessment we were shown was not effective. We observed areas of potential hazard around the practice that had not been highlighted in the risk assessment. Examples included potential trip hazards across doorways and a loose light switch. We also noted

risks that had been highlighted had not always been completed. For example: the need for a fixed electrical wiring test. We were sent evidence following the inspection that the lights switch had been fixed.

The risks for a member of staff whose immunity to Hepatitis B could not be proven had not been assessed.

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

The provider assured us following our visit that they would address these issues and put immediate procedures in place to manage the risks. We have since been sent some evidence to show that improvements are being made.

As various documents were not available for inspection at the time; we were not able to comment on their completeness, accuracy and staff understanding of them. We have though noted the information and it will be reflected once we carry out a follow up inspection at the practice.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice managers encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice managers were approachable, would listen to their concerns and act appropriately. The practice managers discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had limited quality assurance processes to encourage learning and continuous improvement. A partial infection control audit had been completed in November 2017 and was shown to us at the time of the inspection; this had not generated an action plan and certain questions had been answered inaccurately. Following the

Are services well-led?

inspection a completed audit was provided; this had not generated an action plan despite areas highlighted for improvement. We were not shown evidence of any previous audits to show that they were being completed every six months in line with national guidance.

We were not shown any X-ray audit during the inspection although one was provided after the inspection. This audit was completed retrospectively following the inspection. It audited X-rays that had been taken in October 2017. We were not shown any evidence of X-ray audits being carried out prior to this to demonstrate that they were being carried out annually. There was scope to improve the way in which audit could be used as a tool over time to highlight concerns and ensure continuous improvement.

The principal dentist valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We were shown some evidence of training undertaken by staff, but staff told us that they were out of date with certain training. We were not shown evidence of all registered staff having undertaken training in safeguarding, Mental Capacity Act, infection control, medical emergencies or basic life support. The General Dental Council requires clinical staff to complete continuous professional development.

The practice did not have an effective system for oversight of CPD. We were shown some evidence of staff training but the practice could not evidence that all staff were up to date with required and recommended training. There was scope therefore to introduce a system by which the management team could have oversight of training carried out and therefore be aware if staff members were not up to date and take the appropriate action.

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

The practice explained to us the difficulty they have in obtaining feedback from patients in their area; they mostly relied upon verbal comments and staff appraisal to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on for example: fitting a baby changing unit and obtaining new staff lockers.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). The practice had installed a tablet computer on a pedestal in the waiting room to encourage patients to fill this in. This is a national programme to allow patients to provide feedback on NHS services they have used.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good Governance.</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">· There was no effective system in place to oversee staff training.· There was no effective process for regular audit of the service to promote continuous improvement. <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">· There was no effective system in place to assess risk within the practice.

This section is primarily information for the provider

Requirement notices

- There was no effective system to identify all the risks arising from the use of hazardous substances.
- There was no system in place to manage the risks arising from Legionella bacteria.
- There was no system in place to manage the risks associated with Hepatitis B when staff immunity is not confirmed.