

Dr. Scott Aaron

Berry Lane Dental Clinic

Inspection Report

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Overall summary

We carried out this announced inspection on 13 June 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

Berry Lane Dental Clinic is in Rickmansworth, Hertfordshire and provides NHS and private treatment to patients of all ages. We were informed that shortly following the inspection the practice was contracted to provide out of hours treatment to patients in need via the NHS 111 service.

There is access for people who use wheelchairs and pushchairs via a ramp to a ground floor treatment room. Car parking spaces are available in front of the practice with further street parking nearby.

Summary of findings

The dental team includes five dentists, five dental nurses of whom two were in training, two dental hygienist therapists and a practice manager. Both the practice manager and two dental nurses also work as receptionists. The practice has two treatment rooms.

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 eight 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 one dentist, two dental nurses, one dental hygiene therapist, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday from 8 am to 5 pm and Tuesday to Friday from 9 am to 5pm. We were informed that shortly following the inspection the practice was extending its opening hours to accommodate the out of hours' service. This meant that the practice would be open Monday to Friday from 6 pm to 8 pm and Saturday and Sunday from 10 am to 6 pm in addition to the hours stated above.

Our key findings were:

- The practice was clean and mostly well maintained.
- The practice had infection control procedures which did not fully reflect published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had limited systems to help them manage risk. Certain risk assessments had not been conducted at the time of the inspection.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice carried out staff recruitment procedures, although references were not always documented and a DBS check had not been completed for one member of staff.
- 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.
- Clinical audit was not effective as a tool to highlight areas of improvement in respect of infection prevention and control.

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

- Ensure effective systems are in place in order that the regulated activities at Berry Lane Dental Clinic are compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example systems to assess, monitor and mitigate risks and systems to assess, monitor and improve the quality and safety of the services provided.

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 system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's infection control procedures and protocols to take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.

Summary of findings

- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- 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 some systems and processes to provide safe care and treatment. In response to feedback from our inspection they implemented further systems.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice mostly completed essential recruitment checks. They did not always record references and one member of staff had not been checked with the disclosure and barring service.

The decontamination room on the ground floor was found to be in a poor state of repair, however the practice were in the process of building a new decontamination room on the first floor, work which was due to be complete within three weeks of the inspection.

Equipment was properly maintained.

The practice was not able to fully demonstrate that they followed national guidance for cleaning, sterilising and storing dental instruments. Immediate changes to the processes were implemented following the inspection.

The practice had arrangements for dealing with medical and other emergencies.

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 efficient, professional and caring. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported staff to complete training relevant to their roles and had started to implement systems to monitor this.

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 nine people. Patients were positive about all aspects of the service the practice provided. They told us staff were

No action



Summary of findings

friendly, helpful and polite. They said that they were given a thorough check up, they were not rushed 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.

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 and did not have arrangements to help patients with sight or hearing loss.

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

No action



Are services well-led?

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

The practice had some arrangements to ensure the smooth running of the service. Certain risk assessments had not been completed meaning that the practice could not be assured of having adequately mitigated the risks therein.

We noted policies and risk assessments that did not reflect the procedures at the practice and were ineffective due to this.

Systems for stock management were ineffective and out of date stock was found in treatment rooms.

There was a clearly defined management structure and staff felt supported and appreciated.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn although some monitoring was ineffective as the practice had not responded to concerns raised within.

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

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had limited procedures to report, investigate, respond and learn from accidents, incidents and significant events. An incident policy was available but was limited to describing actions pertaining to incidents around data security.

The practice had an accident book and the most recent entry was within the last year. There was limited detail in the report regarding the actions and outcomes, and no evidence of any identified learning for staff. The practice manager indicated that the event would have been informally fed back to the staff to ensure learning from the incident.

The practice manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

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 but were not 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 staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. Although their risk assessment of the use of sharps was not reflective of their current practice. It stated that re-sheathing devices were provided for use by dentists in

re-sheathing sharps when these were not available. The practice used a system of 'safer sharps' which mitigated the risk of accidental injury from a contaminated dental needle.

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 events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance, with the exception of a medicine used to treat seizures. Following the inspection we received evidence that this medicine was ordered.

Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. It was noted that staff were not recording their checks of the AED. Following the inspection this was implemented.

The practice kept the emergency medicines and equipment together in the practice, but not in a transportable storage container. In the event of a medical emergency the entire kit should be easily transportable to another area of the practice. We raised this with the management team who told us they would take immediate steps to rectify this.

The practice had a first aid kit, which was not included in the staff checks. This was out of date and was replaced following the inspection.

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 six staff recruitment files. These showed the practice mostly followed their recruitment procedure.

The practice did not always record references and one member of staff had not received a disclosure and barring service check to ensure that they did not have a criminal record, or were barred from working with children or

Are services safe?

vulnerable adults. We raised this with the principal dentist who said that because the member of staff in question worked at the hospital they would have had this check completed by them. We discussed the reasons why this could not provide adequate assurance to the principal dentist to negate the need for him to complete this check.

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 health and safety risk assessment were up to date. The practice did not have a fire risk assessment in place, fire drills were carried out annually and no record of them was made. There was a lack of emergency signage pertaining to fire protocols. We asked staff about the external assembly point in the event of a fire; we were told that evacuation would take place to both the front and rear of the building. The back garden was enclosed with no access; staff were not able to explain how they would be assured that everyone has exited the building.

Following the inspection the practice arranged for an external company to conduct a fire risk assessment and told us they would immediately implement their recommendations.

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

The practice had a file of data sheets for materials in the practice to comply with the Control of Substances Hazardous to Health Regulations. The file was not entirely comprehensive with some omissions and a lack of individual risk assessments.

A dental nurse worked with the dentists, dental hygienist /therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. We examined the documents pertaining to infection control and observed staff conducting the decontamination process in both the downstairs decontamination room and the upstairs decontamination area.

At the time of our inspection the practice was building a new decontamination room upstairs in the practice, we saw the work progressing on this during our inspection and were told that the room would be functional within three weeks of our inspection.

The practice's current infection control policy was found to not be reflective of the processes undertaken in the practice. It referred solely to the use of a washer disinfectant for cleaning dental instruments. The practice did not have a washer disinfectant and used manual cleaning and an ultrasonic bath to clean instruments. A separate decontamination policy which was not dated referred to the process for manual cleaning.

They mostly followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health with some areas where improvement was required to ensure the process' effectiveness. For example: the practice did not have a thermometer to ensure that the temperature of the solution for cleaning instruments was at the correct temperature, they did not have an illuminated magnifier to inspect instruments for debris or defect following cleaning. The ultrasonic cleaner had not been tested to ensure its effectiveness, and some pouches of instruments were not dated to ensure that they were used or re-processed within a year.

Following the inspection the practice took immediate steps to meet the recommended standards. They implemented a new infection control policy reflective of their procedures and the practice manager told us they were observing dental nurses to ensure they performed the task to the expected standard. We were sent evidence that a thermometer and illuminated magnifier had been purchased. We were told that the ultrasonic bath had been removed from use.

We were informed that as soon as the new decontamination room was functional full practice training would be taking place.

The existing decontamination room had walls and floors which were not impervious or easy to clean. This room was to be decommissioned following the introduction of the new decontamination room.

The practice carried out an infection prevention and control audit. This was dated October 2016 and although it highlighted the issues that we witnessed in the

Are services safe?

decontamination process (for example the lack of illuminated magnifier) the results did not appear to have been analysed and no action plan had been drawn up for improvement.

We were not shown any infection control audits from before this and therefore could not be assured that this was being carried out every six months in line with published guidance.

The practice did not have adequate procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. The practice did not have a Legionella risk assessment. This would detail the monitoring required and any measures needed to reduce the risk of Legionella developing. The practice had a log indicating they flushed the dental unit water lines; however they were not monitoring water temperature or checking for microbial growth within the water system. Therefore they could not be assured that they had adequately mitigated the risk of Legionella developing.

Following the inspection they arranged for a risk assessment to be completed by an external contractor and assured us that they would implement all the recommendations of that report. The report was provided to us and indicated that the premises was considered high risk by the risk assessment. We received some evidence that the concerns in the report were addressed, and assurances that the other points were being addressed.

The practice employed a cleaner who cleaned daily when practice staff were present, and so had not drawn up any specific cleaning schedules. The practice was clean when we inspected and patients confirmed this was usual. A cleaning audit had been completed in June 2017.

The practice had contracts in place for removal of waste. Clinical waste was stored in an area of the garden where it was inaccessible to the general public. Clinical waste bags

were not stored in a solid bin which risked accidental spillage facilitated by local wildlife. We raised this concern and the practice sent evidence that they purchased a lockable solid bin for storing clinical waste.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice did not keep records of NHS prescriptions as described in current guidance, following the inspection they introduced log of serial numbers of prescriptions for security and traceability.

The practice's systems for stock control and removal of out of date materials was ineffective and we noted a number of out of date materials in both treatment rooms.

The practice were not monitoring the temperature of the medicines fridge in which a temperature sensitive emergency medicine was stored. Following the inspection the practice took measures to ensure that it was stored appropriately.

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 carried out X-ray audits. An X-ray audit had been completed in 2017; previously we saw an audit in 2014. Therefore we could not be assured that this was being completed annually in line with current guidance and legislation.

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.

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

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 a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

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.

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 information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and 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 friendly, helpful and polite. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

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 and more complex treatment such as dental implants.

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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example treatment could be arranged in the ground floor treatment room for patients with restricted mobility.

The practice had a well maintained rear garden. Patients commented on the pleasant and calming effect of the feature.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access with the use of a ramp, and a ground floor toilet.

The practice had car parking at the front to assist patients with restricted mobility.

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 offered out of hours, emergency appointments and had been granted an NHS contract for this. At the time of the inspection the service was to be fully implemented within two weeks. This meant that patients or non-patients of the practice could be referred to be seen through the NHS 111 service.

In addition to this the practice kept appointments free during the day for patients with urgent need and was committed to seeing patients experiencing pain on the same day.

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. 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 practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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

We looked at comments, compliments and complaints the practice received in the last year. These showed the practice responded to concerns appropriately and discussed outcomes 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 manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had some policies, procedures and risk assessments to support the management of the service and to protect patients and staff; however improvements were required to ensure risks were adequately mitigated.

The practice did not have a fire risk assessment or a Legionella risk assessment. Without these they could not be assured that they were doing all necessary to reduce the risks pertaining to these.

Some policies were not reflective of the procedures used in the practice (for example the current infection control policy) and others were undated, such as the safeguarding policies and the complaints policy. This meant that staff could not be assured they were up to date and relevant when they came to use the policies.

The practice did not have an effective system for ensuring incidents were recorded and learning outcomes identified and did not have an effective system for ensuring that out of date stock was discarded.

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 evidence to show that improvements are being made.

However, as various documents were not available for inspection we were not able to comment on

their completeness and accuracy. We have though noted the information and it will be reflected

once we carry out a follow up inspection at the practice.

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

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 manager and principal dentist 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 manager and principal were approachable, would listen to their concerns and act appropriately. The practice manager 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 quality assurance processes to encourage learning and continuous improvement although improvements were required to ensure these were effective processes. X-ray audits were not conducted annually. The practice were only able to demonstrate one infection control audit and although this had recognised the areas where the practice was not in line with national guidance, the audit had not been analysed and no action plan had been drawn up to effect improvement. In this regard it was essentially ineffective. Following the inspection we were given assurances that further clinical auditing would take place within the appropriate timescales.

The principal dentist showed a commitment to learning and improvement and 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.

The principal dentist showed us a process of clinical monitoring and audit which was to be introduced at the practice. This was designed to highlight anomalous areas in diagnosis and treatment particularly in respect to emergency treatment.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The

Are services well-led?

General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. The practice had software that automatically uploaded online feedback to the practice's website.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). 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>How the regulation was not being met:</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Berry Lane Dental Clinic were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>This included:</p> <ul style="list-style-type: none">· Ineffective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. For example in fire, Legionella and stock control.· Ineffective systems to assess, monitor and improve the quality and safety of the services provided. For example in infection prevention and control and X-ray audits. <p>Regulation 17(1)</p>