

Old Square Orthodontics Ltd

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Inspection Report

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Warwick
Warwickshire
CV34 4RA

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Website: No website at present.

Date of inspection visit: 19 November 2019

Date of publication: 10/01/2020

Overall summary

We carried out this announced inspection on 19 November 2019 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Old Square Orthodontics Ltd is in Warwick and provides NHS and private orthodontic care and treatment for adults and children. There are two services provided by two different providers at this location. This report only relates to the provision of orthodontic dental care services provided by Old Square Orthodontics Ltd. An additional report is available in respect of the general dental service which is registered under the provider Dr. Robert Bate.

There is low level step access to the practice with a gradient that is unsuitable for a portable ramp to be used. Patients who use wheelchairs and those with pushchairs

Summary of findings

are supported by those accompanying them or staff to access the premises. Car parking spaces, including dedicated parking for people with disabilities, are available in pay and display car parks near to the practice.

The dental team includes four dentists, one orthodontist, six dental nurses, two dental hygienists, three receptionists and the practice manager. The practice has five treatment rooms.

The practice is owned by an organisation and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Old Square Orthodontics Ltd is one of the dentists.

On the day of inspection, we collected 29 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, four dental nurses, one dental hygienist, three receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The orthodontic clinic is open:

Wednesday and Thursday from 8.30am to 5pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had insufficient systems to help them manage risk to patients and staff. We found shortfalls in appropriately assessing and mitigating risks in relation to electrical wiring testing, infection control processes and audit.

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- We were not assured that clinical staff always 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider did not demonstrate effective leadership and a culture of continuous improvement. Staff meetings and appraisals were not held, we were assured these would be implemented following our inspection.
- The provider asked patients for feedback about the services they provided.
- The provider had procedures to deal with complaints; they had not received any complaints since 2011.
- The provider had information governance arrangements.
- The provider demonstrated they were taking responsive action to the shortfalls we identified following our visit.

We identified regulations the provider was not complying with. 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.

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

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

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

Requirements notice ✗

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had some clear systems to keep patients safe, although we noted areas which required further review.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within the paper based dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had an infection prevention and control policy and procedures which did not always follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed most equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance, with the exception of one steriliser in surgery three which did not have a data logger and no manual checks of the time and pressure had been recorded.

The provider had suitable numbers of dental instruments available for the clinical staff. The staff carried out manual

cleaning of dental instruments prior to them being sterilised. We noted that this was carried out in three areas of the practice: the decontamination room, surgery one and surgery three. We found inconsistencies with the decontamination processes being followed in these areas. For example, wire brushes were being used in the decontamination room and surgery three. The water tap in the decontamination area in surgery three was not working so a kettle was being boiled to provide water for manual scrubbing. This presented a risk as instruments should be scrubbed in water not exceeding 45 degrees and the water temperature was not being recorded. We also found cotton wool rolls and local anaesthetic loose in treatment room draws. We found that the flooring in surgery three was heavily cracked and not all areas of cabinetry were sufficiently sealed. These concerns were discussed with the infection control lead who advised that they would be rectified.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits once a year. Recognised guidance states that these audits should be completed every six months. The latest audit completed in November 2019 showed the practice had achieved a compliance score of 100% which was inaccurate due to our findings. We discussed this with the practice manager and was advised that they would complete every six months and include all decontamination areas in future audits.

Are services safe?

The provider had a whistleblowing policy. Staff were aware of whom they could raise concerns to internally and externally.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured equipment was safe to use and maintained according to manufacturers' instructions. We found that facilities were not all maintained according to recognised guidance. For example, five yearly electrical fixed wire testing had not been completed and an electrical socket in surgery three was damaged. We were shown quotes that the practice manager had already collated for the dentists to agree in relation to the fixed wire testing. This was to be scheduled following a new fire alarm installation in the near future. The electrical socket was repaired within 48 hours of our inspection.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The practice used traditional X-rays, however they were not completing step wedge tests to ensure the X-ray quality. This was discussed during the inspection and assurance given that this test would be completed and recorded.

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

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

We noted that some of the practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Some staff had completed sepsis awareness training. This helped ensure staff triaged appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care. We discussed sepsis with the practice manager who advised that they would add this to their staff training declarations to ensure all staff completed this training.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were mostly available as described in recognised guidance. One medicine had been stored outside of refrigeration however the shelf life had not been adjusted in line with published guidance, this was rectified during our inspection. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the orthodontist, dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team. Each dentist employed their own dental nurses and cover was not routinely shared between them. Where additional cover was required due to annual leave or sickness the practice manager would nurse.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We found that safety data sheets were not held for all products, we were informed that this was in the process.

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

Dental care records we saw were legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance. The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The orthodontic clinic did not use NHS prescriptions, all general dental emergencies were referred to the patients general dental practitioner.

Track record on safety, and lessons learned and improvements

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

In the previous 12 months there had been one safety incident recorded. We saw this was investigated, documented and discussed with the staff member involved. We found that incidents were not shared with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. An Index of Orthodontic Treatment Need was recorded which would be used to determine whether a patient was eligible for NHS orthodontic treatment. The patient's oral hygiene was also assessed to determine if the patient was suitable for orthodontic treatment.

Helping patients to live healthier lives

The orthodontist was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. They gave oral hygiene education which included tooth brushing techniques and dietary advice using models and following the 'tell, show, do' technique to enhance patient understanding.

The orthodontist provided patients with specific details on how to look after the orthodontic braces to prevent problems during treatment. Patients were given details of dental hygiene products suitable for maintaining their orthodontic braces; these were available for sale in reception. These included disclosing tablets that could be used to help patients improve cleaning the areas of their teeth that are hard to reach due the fitted braces.

Consent to care and treatment

The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under

the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements. We found inaccuracies within the audits as they did not highlight the shortfalls identified during the inspection. We discussed this with the practice manager who advised they would review their processes.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. We found that not all staff were fully supported by the provider. The practice manager was the nominated lead for safeguarding, infection control and complaints. They regularly covered nursing and reception duties to cover staff shortfalls and did not always receive protected time and support to complete managerial tasks.

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

Co-ordinating care and treatment

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

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

The practice was a referral clinic for orthodontics and we saw staff monitored and ensured the orthodontist was aware of all incoming referrals. The practice manager monitored referrals through an electronic referral and tracking system to ensure they were responded to promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were very polite, informative and very attentive. We saw staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. There were many staff members that had worked at the practice for at least ten years and it was evident that they knew their patients well and they had built professional and supportive relationships.

Patients said staff were compassionate and their dentist always clearly explained things to ensure they understood their treatment options. Feedback we received from 29 patients was overwhelmingly positive about the level of care received and included comments such as, 'My daughter received excellent care and attention throughout her treatment, all treatment was explained thoroughly and at a level an 11 year old could understand', 'Service has been fantastic, well explained and lovely staff' and 'The treatment my daughter receives from the orthodontist is amazing. The orthodontist is thorough and has done a wonderful job'.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient commented, 'My daughter has just completed two years of orthodontic treatment. The orthodontist and team have shown patience and kindness towards her as she was a very nervous patient'.

Information folders, patient survey results and thank you cards were available for patients to read in the reception.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. There were no computers in reception as the practice used a paper-based system. Patient's personal information was not visible to patients or left where other patients might see it. They stored paper records in a secure room.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard which is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

The practice's information folder provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, study models, videos and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. The reception team described how they supported one patient by not announcing or saying their name to safeguard and protect their anonymity. Community support group leaflets were displayed in the patient information folder.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

29 cards were completed, giving a patient response rate of 58%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were treatment was always clearly explained at a level that children understood, all staff were extremely professional and attentive, and patients were very happy with the care and treatment received at this practice.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Patients new to the practice were asked if they could manage the stairs, where this was not possible appointments were scheduled in the ground floor treatment room.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The audit had highlighted the need for a portable hearing induction loop which was purchased within 48 hours of our inspection.

The practice had made reasonable adjustments where possible for patients with disabilities. The practice was in a grade two listed building which constrained full adaptations being made such as a fully accessible patient toilet. There was low level step access to the practice with a gradient that was unsuitable for a portable ramp to be used. Patients who used wheelchairs and those with pushchairs were supported by those accompanying them or staff to access the premises. There was a ground floor treatment room, handrails on both sides of the stairway and magnifying glasses.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet.

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

The practice had an emergency on-call arrangement with the NHS 111 out of hour's service. The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint. The 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 would invite 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 manager had dealt with their concerns.

The practice manager told us they had only ever received one complaint. We looked at comments, compliments and the one historic complaint the practice received. 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

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The practice manager was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders were not all visible and approachable. We were told that the practice manager was approachable and visible however we found they did not receive sufficient support with the clinical and day to day running of the practice from the partners and other staff members.

We saw the provider did not have effective processes to develop leadership capacity and skills. The practice manager was the lead for almost all governance arrangements with little delegated support due to the incohesive structure of the team. There was no future planning for the leadership of the practice should the practice manager be absent for a lengthy period of time.

Culture

Staff told us they were proud to work in the practice and had built strong, professional relationships with their patients.

The staff focused on the needs of patients. We received extremely positive feedback from patients about the caring and responsive service provided.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

The majority of responsibilities and oversight of systems of accountability to support good governance and

management were undertaken by the practice manager. They had overall responsibility for the management and clinical leadership of the practice and were responsible for the day to day running of the service.

The working relationships in the practice did not appear cohesive as each partner and their nurse worked as independent teams to one another. This meant that the nurses were not delegated lead roles due to working for a particular dentist rather than the practice as a whole. There were no computer systems in the reception area and the practice manager also completed computer-based reception tasks. In addition to this the practice manager regularly covered nursing duties in surgery and reception duties.

The provider did not demonstrate that they had consistently clear and effective processes for managing risks. For example, we noted shortfalls in appropriately assessing and mitigating risks in relation to electrical wiring testing, infection control processes and audit.

We found there were not always effective processes for managing performance. For example, staff had not received annual appraisals where they could discuss their learning needs, general wellbeing and aims for future professional development. We were informed that appraisals would be implemented for all employed staff following our inspection.

The practice manager had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information such as NHS BSA performance information, surveys and audits were used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

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

Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. Results from 11 respondents showed 100% of patients would recommend this practice to friends and family.

The provider gathered feedback from staff through informal discussions. The practice had not held any staff meetings to share learning and drive improvement. We were advised that regular staff meetings would be held following our inspection.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes however these did not always result in learning and continuous improvement. These included audits of dental care

records, radiographs and infection prevention and control. Staff kept records of the results of these audits. We found that the infection prevention and control audit was completed annually rather than six monthly and did not cover all areas within the building where the decontamination process was taking place. We were told that immediate discussion and improvement would be made.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. A training schedule was in place to ensure that all staff had access to core learning topics such as infection control, basic life support, fire safety and legionella.

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

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17</p> <p>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>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• A systematic comprehensive approach had not been implemented for staff appraisals.• There were limited systems for monitoring and improving quality. For example, audit activity did not result in improvement to the service. Practice meetings were not held to share information and drive improvements. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable 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">• The provider had not ensured that the electrical fixed wiring had been tested every five years. <p>Regulation 17 (1) (2)</p>