The Regulation and Quality Improvement Authority

Announced Care Inspection Report
17 May 2017

Affinity Dental Care

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 112 Moss Road, Lambeg, Lisburn, BT27 4NU
Tel no: 028 9260 5626
Inspector: Emily Campbell

1.0 Summary

An announced inspection of Affinity Dental Care took place on 17 May 2017 from 9:45 to 13:35. Affinity Dental Care was taken over under new ownership in February 2016 and was registered with RQIA in April 2016.

The inspection sought to assess progress with any issues raised during and since the pre-registration care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Ms Emerson, registered person, Ms Boyd, practice manager, and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing; recruitment and selection; safeguarding; management of medical emergencies; infection prevention control and decontamination; radiology and the general environment. Eight recommendations were made to progress improvement. Five recommendations were in relation to the recruitment and induction arrangements which will facilitate more robust systems in this area. Three recommendations were made in relation to the safeguarding adults at risk of harm policy, infection prevention and control and decontamination equipment logbooks and periodic tests.

Is care effective?

Observations made, review of documentation and discussion with Ms Emerson, Ms Boyd and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Ms Boyd and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced, in general, that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Implementation of the recommendations made under the 'Is care safe?' domain will further enhance the governance arrangements in the practice. Areas reviewed included organisational and staff working arrangements; the arrangements for policy and risk assessment reviews; the arrangements for dealing with complaints, incidents and alerts; insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made under the well led domain.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the

Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	8

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Lesley Boyd, practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on28 April 2016.

2.0 Service details

Registered organisation/registered person: Harmony Dencare Limited Ms Rachel Emerson	**Registered manager:** Ms Rachel Emerson
Person in charge of the practice at the time of inspection: Ms Lesley Boyd	**Date manager registered:** 28 April 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records:

- staffing information
- complaints declaration
- returned completed patient and staff questionnaires

During the inspection the inspector met with Ms Boyd, practice manager, an associate dentist and two dental nurses. Ms Rachel Emerson, registered person, who although not working on the day of the inspection attended the practice for a period during the inspection to meet with the inspector. A tour of the premises was also undertaken. The inspection was facilitated by Ms Boyd.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 February 2017

The most recent inspection of the establishment was an announced premises inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the pre-registration care inspection dated 28 April 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 13 **Stated:** First time	The floor covering in dental surgeries should be sealed at the edges where the floor meets the walls and cabinetry. **Action taken as confirmed during the inspection**: Ms Boyd confirmed that the floor covering in all surgeries had been sealed as recommended. Review of two of the three surgeries evidenced this.	**Met**
Recommendation 2 **Ref**: Standard 8.1	The use of rectangular collimation should be implemented to optimise radiology dose exposure in keeping with best practice guidance.	**Met**

Stated: First time	**Action taken as confirmed during the inspection**: Ms Boyd advised that as only two of the three surgeries were in use at any one time, two rectangular collimators had been obtained and were fitted onto the x-ray units in surgeries in use each day. Discussion with staff and observation of one of the two surgeries in operation during the inspection confirmed that rectangular collimation was in use.	

4.3 Is care safe?

Staffing

Three dental surgeries are in operation in this practice. Staff spoken with and review of patient and four of the five staff submitted questionnaires indicated that were sufficient numbers of staff in various roles to fulfil the needs of the practice and patients. However, one staff member who submitted a questionnaire response indicated that as clerical staffing levels were low, the practice manager did not always have time to listen to concerns. This was discussed with Ms Emerson and Ms Boyd who advised that they felt staffing levels were adequate and that the practice manager will not always be available to address matters raised immediately due to other work duties. It was agreed that this matter would be discussed with staff at the next staff meeting.

Induction programme templates were in place and a sample of four evidenced that induction programmes had been completed when new staff joined the practice. However, although staff confirmed that all appropriate topics were covered during induction, the written record was very basic in relation to its content. A recommendation was made that written induction programme templates are further developed to include details of the specific topics to be covered during induction, relevant to the role. Induction records should be signed by the mentor and employee.

Ms Boyd advised that the first year's appraisal meetings had recently commenced following the change in ownership in February 2016. It was confirmed that staff appraisal will be provided on an annual basis. A review of three appraisal records evidenced this. Staff spoken with confirmed that appraisals had taken place and that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Ms Boyd confirmed that four staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated, in general, that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. One file reviewed only evidenced that one reference had been obtained and review

of the interview record on one file did not evidence that gaps in employment had been explored. Photographic identification was not available in three files; Ms Boyd advised that these had been obtained, however they had been sent with the enhanced AccessNI applications and she had omitted to retain copies in the files. A recommendation was made that photographic identification and two written references, one of which should be from the current/most recent employer, should be obtained and retained and where gaps in employment are identified, records are retained evidencing these have been discussed for any staff recruited in the future.

Enhanced AccessNI checks had been obtained in respect of staff recruited since the previous inspection. However, it was difficult to validate if these had been obtained prior to the staff members commencing employment as contracts of employment/agreement confirming start dates were not available in all cases and a staff register had not been established. Documentary evidence was provided to RQIA on 18 May 2017 evidencing that enhanced AccessNI checks had been obtained prior to the commencement of employment.

A staff register was established during the inspection. A recommendation was made that this is further developed to include details of the date of birth and the specific date of the commencement of employment for each staff member. Ms Boyd is aware that this is a live document which should be updated as new staff commence/leave employment and that no entries should be deleted. A recommendation was also made to ensure that all staff have contracts of employment/agreement and that copies are retained and available for inspection.

Records retained of the details of enhanced AccessNI were not in keeping with the AccessNI code of practice. A recommendation was made in this regard. Records should include the following:

- staff name
- date the disclosure check was applied for
- date the disclosure check was issued
- the unique identification number
- the outcome of the assessment of the disclosure
- signature of the person assessing the disclosure

There was a recruitment policy and procedure available. This was not reviewed during the inspection.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. A recommendation was made that the safeguarding adults policy is further developed to reflect the regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015). The revised policy should be shared with staff. A copy of the regional guidance and adult safeguarding gateway numbers, for referral in the event of a concern being identified, were emailed to Ms Boyd on the afternoon of the inspection.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

A policy for the management of medical emergencies and protocols outlining the local procedure for dealing with the various medical emergencies were available for staff reference. These were not reviewed during the inspection.

Infection prevention control and decontamination procedures

Two of the three dental surgeries were reviewed. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. In general, fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. The outer surface of the tap on a sink in surgery 1 was observed to be chipped and part of the enamel of the sink had worn away. A recommendation was made that this should be made good. Ms Boyd is aware that the painted embossed wallpaper in two surgeries should be avoided and confirmed that this will be addressed during the next planned refurbishment of the dental surgeries affected. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector, a DAC Universal and two steam sterilisers, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

Separate logbooks in respect of each piece of decontamination equipment had not been established. It was explained that logbooks in addition to the records of the periodic tests should include details pertaining to the machine and a fault log. The benefit of pre-printed logbooks was discussed. In general, periodic tests of decontamination equipment were

undertaken and recorded in keeping with HTM 01-05. However, a daily automatic control test (ACT) was not undertaken and recorded in respect of the DAC Universal and the ACT for the sterilisers only recorded the sterilising hold time. A recommendation was made that:

- separate logbooks should be established for each individual piece of decontamination equipment.
- a daily automatic control test (ACT) should be undertaken and recorded in respect of the DAC Universal.
- the details of the ACT for the sterilisers should include the temperature, sterilising hold time and pressure reading.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during November 2016.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control. These were not reviewed during the inspection.

Radiography

The practice has three surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a good standard of maintenance and décor.

Cleaning schedules and a colour coded cleaning system were in place.

Ms Boyd confirmed that arrangements are in place for maintaining the environment. This included the annual servicing of the relative anaesthesia (RA) equipment, and fire safety equipment.

Staff confirmed that fire safety awareness training was provided and evacuation drills were carried out. Staff demonstrated that they were aware of the action to take in the event of a fire.

Pressure vessels were inspected in keeping with the written scheme of examination of pressure vessels.

Ms Boyd confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Eight patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care. Comments provided included the following:

- “Dr Emerson took great care in terms of explaining procedures and I felt safe throughout.”
- “Why would I not have been coming 25 years.”
- “Very professional.”

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Four staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

Written induction programme templates should be further developed to include details of the specific topics to be covered during induction, relevant to the role. Induction records should be signed by the mentor and employee.

Photographic identification and two written references, one of which should be from the current/most recent employer, should be obtained and retained and where gaps in employment are identified, records are retained evidencing these have been discussed for any staff recruited in the future.

The staff register should be further developed to include details of the date of birth and the specific date of the commencement of employment for each staff member.

Ensure that all staff have contracts of employment/agreement and that copies are retained and available for inspection.

Enhanced AccessNI information should be retained in keeping with the AccessNI code of practice.

The safeguarding adults policy should be further developed to reflect the regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) and be shared with staff.

The outer surface of the tap on a sink in surgery 1 and the worn enamel on the sink should be made good.

Separate logbooks should be established for each individual piece of decontamination equipment and details of the ACTs recorded as outlined in HTM 01-05 in respect of the DAC Universal and sterilisers.

Number of requirements	0	Number of recommendations	8

4.4 Is care effective?

Clinical records

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Patient records are retained electronically and records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. These were not reviewed during the inspection.

The practice is registered with the Information Commissioner's Office (ICO) and Ms Boyd confirmed that a Freedom of Information Publication Scheme is in place.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was information available in regards to various aspects of health promotion and good oral hygiene.

It was confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- patient satisfaction surveys
- review of complaints/accidents/incidents
- stock control

It was suggested that the audit programme could be further developed through the introduction of clinical record audits.

Communication

Ms Emerson and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions. Fortnightly management meetings are also held to discuss business planning.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

A breaking bad news policy in respect of dentistry was in place.

Patient and staff views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Seven patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Comments provided included the following:

- "Excellent information to help informed choice."
- "I feel sorry for my dentist, it's my second home."

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. All indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertook its first patient satisfaction survey in May 2017 and it was confirmed this would be carried out on an annual basis. Review of the patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

Patient and staff views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Seven patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. The following comment was provided:

- “Once again I was impressed with the high standards provided by Dr Emerson.”

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Three staff indicated they were very satisfied with this aspect of care; two did not respond. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Management and governance arrangements

Affinity Dental Care was taken over under new ownership in February 2016 and was registered with RQIA under the new entity in April 2016. There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that the transition of the new management arrangements went smoothly and that there were good working relationships in the practice.

There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Ms Emerson and Ms Boyd confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. Implementation of the recommendations made under the is care safe domain will further enhance the governance arrangements in the practice.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Ms Emerson, registered person, demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All patients who submitted questionnaire responses indicated that they felt that the service is well managed and were very satisfied with this aspect of the service. Comments provided included the following:

- “I have been a patient of a number of dentists and Affinity Dental Care and Dr Emerson in particular are the best by far. Time was taken to explain what would happen, care was safe and effective and I was motivated to help take care of my teeth. Excellent dentist. Thank you. Should be considered for an excellence award if this is available.”
- “All staff are excellent in every way.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. Four staff indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “Manager not always willing to listen to concerns as so involved in her own job as clerical staffing levels are low.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Lesley Boyd, practice manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to independent.healthcare@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 11.3 **Stated:** First time **To be completed by:** 17 July 2017	Written induction programme templates should be further developed to include details of the specific topics to be covered during induction, relevant to the role. Induction records should be signed by the mentor and employee.
	Response by registered provider detailing the actions taken: A new induction template has been developed which now includes a wide range of topics and allows both manager/mentor and employee to sign to confirm receipt of training and policys / documents given.
Recommendation 2 **Ref**: Standard 11.1 **Stated:** First time **To be completed by:** 18 May 2017	The following should be retained in relation to any new staff recruited: • photographic identification • Two written references, one of which should be from the current/most recent employer, should be obtained and retained. • Where gaps in employment are identified, records should be retained evidencing these have been discussed.
	Response by registered provider detailing the actions taken: It has been noted and recorded that the above information must be retained and recorded for all newly recruited staff. This information has been included in the new induction template
Recommendation 3 **Ref**: Standard 11.1 **Stated:** First time **To be completed by:** 17 June 2017	The staff register should be further developed to include details of the date of birth and the specific date of the commencement of employment for each staff member.
	Response by registered provider detailing the actions taken: The staff register has been further developed to include date of birth, commencement of employment and also date of leaving.
Recommendation 4 **Ref**: Standard 11.1 **Stated:** First time **To be completed by:** 17 June 2017	Ensure that all staff have contracts of employment/agreement and that copies are retained and available for inspection.
	Response by registered provider detailing the actions taken: All staff have contracts of employment and copies are retained at the practice for inspection

<table>
<tr><td rowspan="2">Recommendation 5

Ref: Standard 11.2

Stated: First time

To be completed by:
18 May 2017</td><td>Enhanced AccessNI information should be retained in keeping with the AccessNI code of practice. Records should include the following:

• staff name
• date the disclosure check was applied for
• date the disclosure check was issued
• the unique identification number
• the outcome of the assessment of the disclosure
• signature of the person assessing the disclosure</td></tr>
<tr><td>Response by registered provider detailing the actions taken:
The enhanced NI report has been further developed to include ALL of the stated information</td></tr>
<tr><td rowspan="2">Recommendation 6

Ref: Standard 15.3

Stated: First time

To be completed by:
17 August 2017</td><td>The safeguarding adults policy should be further developed to reflect the regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015).

The revised policy should be shared with staff.</td></tr>
<tr><td>Response by registered provider detailing the actions taken:
The safeguarding adults policy has been revised and all staff have been given a revised policy on adult safeguarding as advised for their attention.</td></tr>
<tr><td rowspan="2">Recommendation 7

Ref: Standard 13.2

Stated: First time

To be completed by:
17 July 2017</td><td>The outer surface of the tap on a sink in surgery 1 and the worn enamel on the sink should be made good.</td></tr>
<tr><td>Response by registered provider detailing the actions taken:
The appropriate person has been contacted with regards to replacing the sinks and taps in surgery 1and a new sink has been ordered.This will be fitted at his earliest convenience</td></tr>
<tr><td rowspan="2">Recommendation 8

Ref: Standard 13.4

Stated: First time

To be completed by:
17 June 2017</td><td>Separate logbooks should be established for each individual piece of decontamination equipment.

A daily automatic control test (ACT) should be undertaken and recorded in respect of the DAC Universal with immediate effect.

The details of the ACT for the sterilisers should include the temperature, sterilising hold time and pressure reading with immediate effect.</td></tr>
<tr><td>Response by registered provider detailing the actions taken:
New log books have been ordered and delivered. The usage of these has been impleted and the required tests are being recorded as required.</td></tr>
</table>

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address

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