

Announced Care Inspection Report 22 July 2016



Ann Street Dental Practice Limited

Type of Service: Independent Hospital (IH) – Dental Treatment

Address: 6 Ann Street, Enniskillen, BT74 7ES

Tel No: 028 6632 2628

Inspector: Stephen O'Connor

www.rqia.org.uk

1.0 Summary

An announced inspection of Ann Street Dental Practice took place on 22 July 2016 from 10:00 to 12:30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service 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 Mr Christopher Kelly, registered person, Mrs Sinead Kelly registered manager and staff demonstrated that in the main systems and processes were in place to ensure that care to patients was 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. A recommendation has been made in regards to additional documents to be retained in staff personnel files.

Is care effective?

Observations made, review of documentation and discussion with Mr and Mrs Kelly 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 Mr and Mrs Kelly 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 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. 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 provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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	1

Details of the Quality Improvement Plan (QIP) within were discussed with Mrs Sinead Kelly, registered 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Ann Street Dental Practice Limited Mr Christopher Kelly	Registered manager: Mrs Sinead Kelly
Person in charge of the service at the time of inspection: Mr Christopher Kelly Mrs Sinead Kelly	Date manager registered: 30 April 2012
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 and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Christopher Kelly, registered person, Mrs Sinead Kelly, registered manager and two dental nurses one of which also undertakes reception duties. A tour of some areas of the premises was also undertaken.

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 06 May 2015

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 06 May 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1 Ref: Regulation 19 (2) Schedule 2 (2) Stated: Second time</p>	<p>An enhanced AccessNI check should be undertaken and received prior to any new staff, including associate dentists, commencing work in the practice.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the staffing information submitted to RQIA prior to the inspection identified that three new staff had commenced work in the practice since the previous inspection. Review of the staff personnel files demonstrated that AccessNI enhanced disclosure checks had been undertaken and received prior to the identified staff commencing work in the practice.</p>	<p>Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13 Stated: Second time	<p>Flooring in clinical areas should be sealed where it meets the walls.</p> <p>The flooring and shelving in the first floor store should be sealed.</p> <p>The flooring in the staff toilet should be sealed at the edges.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>It was observed that the flooring in clinical areas was sealed where it meets the walls and that the shelves in the first floor store are covered with a protective barrier that can be easily cleaned/replaced. The staff toilet is accessible from the staff kitchen. The flooring has not been sealed, however the staff kitchen and toilet are due to be refurbished later this year. It was confirmed that a contractor has undertaken an assessment in regards to the refurbishment works and provided a quote. This arrangement was considered to be satisfactory.</p>	
Recommendation 2 Ref: Standard 12.4 Stated: First time	<p>It is recommended that oropharyngeal airways that have exceeded their expiry date are replaced, expiry dates of emergency equipment should be included in monthly checks, and portable suction as recommended in the Resuscitation Council (UK) guidance should be available in the practice.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of medical emergency equipment available demonstrated that oropharyngeal airways in the various sizes and portable suction are available. Medical emergency equipment with an identifiable date is included in to the monthly checks.</p>	

<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that staff personnel files should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The personnel files of three staff who had commenced work in the practice since the previous inspection were reviewed. It was observed that documents as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 with the exception of criminal conviction declarations and written references had been sought and retained.</p> <p>This recommendation has been partially addressed and has been stated for a second time.</p>	<p>Partially Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that a staff register should be developed and retained containing details of all staff, including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of documentation demonstrated that a staff register to include all information outlined in this recommendation has been developed. Mrs Kelly is aware that the staff register is considered to be a live document that should be updated when necessary to reflect changes in the staffing compliment.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that all staff who work in the practice are provided with a contract and all staff employed by the practice are provided with a job description.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of documentation demonstrated that all staff employed in the practice have been provided with a contract and Mrs Kelly confirmed that formal agreements are in place in regards to self-employed staff.</p>	<p>Met</p>

4.3 Is care safe?

Staffing

Three dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of three evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed 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. It was confirmed that the practice facilitates dental nurses to attend core continuing professional development (CPD) days provided by the Northern Ireland Medical and Dental Training Agency (NIMDTA).

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. It was confirmed that the practice pays the GDC registration fees for dental nurses.

Recruitment and selection

A review of the submitted staffing information and discussion with Mrs Kelly confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that in the main relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. One file reviewed included one written reference, two files did not include any written references and none of the files reviewed included a criminal conviction declaration. Mrs Kelly confirmed that the practice had sought verbal references for the staff. Advice was given in regards to how to document that written references had been requested and that verbal references had been sought Mrs Kelly is also aware of the need to document the date, time and source of any verbal reference received. As discussed previously a recommendation made during the previous care inspection in regards to staff personnel files has been stated for a second time.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

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 on 18 July 2016. Mrs Kelly confirmed that the safeguarding refresher training was scheduled as a result of the publication during March 2016, of a new regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland'. A copy of this new regional policy and the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' were available for staff reference. The scheduling of refresher training following the publication of new policies and guidance is to be commended.

One overarching safeguarding policy was in place for the safeguarding and protection of adults and children. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

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. It was established that an automated external defibrillator (AED) is not available in the practice. However the practice has timely access to an AED located in close proximity to the practice. 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.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. As discussed previously plans have been developed to refurbish the staff kitchen and toilet. 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.

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 disinfectant, two steam sterilisers and two ultrasonic cleaners have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process had been appropriately validated on 5 July 2016. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the most recent audit of compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool had been completed prior to the previous inspection. Mrs Kelly was informed that the IPS compliance audit should be completed every six months in keeping with HTM 01-05. Mrs Kelly readily agreed to complete this audit. On 25 July 2016 it was confirmed in an email that the IPS HTM 01-05 compliance audit had been completed and was due to be reviewed and completed again during January 2017.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

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 dated 24 August 2015 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.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment to include, annual servicing of the oil central heating burner, the firefighting equipment and intruder alarm. It was also established that portable appliance testing (PAT) of electrical equipment is undertaken annually, that the fixed wiring installation is inspected every three years and that the fire detection system is serviced every six months.

A legionella risk assessment has been undertaken by an external organisation during June 2015 and it was confirmed that water temperatures are monitored and recorded as recommended. It was also confirmed that water quality in Dental Unit Water Lines (DUWLs) and taps is tested every three months using dipslides. This exceeds best practice guidance.

A fire risk assessment had been undertaken by an external company during October 2014 and this is reviewed annually. It was confirmed that routine checks are undertaken in respect of the emergency lighting and emergency break glass points and that fire drills and fire awareness training for staff are undertaken annually. Staff demonstrated that they were aware of the action to take in the event of a fire.

Patient and staff views

Nine patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were included in submitted questionnaires.

Two staff submitted questionnaire responses. Both indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaires.

Areas for improvement

A criminal conviction declaration and two written references, one of which should be from the current or most recent employer should be retained in staff personnel files for any new staff employed in the future in keeping with Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Number of requirements	0	Number of recommendations:	1
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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.

Computerised records are maintained; should paper records be generated/received by the practice these are scanned onto the electronic records management system and then destroyed. Electronic 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. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. A dental therapist is available in the practice and it was established that if required patients are referred to the therapist for treatment. The practice has a range of resources for use when discussing oral health and hygiene. It was established that an intra-oral camera and Dental Health Foundation (DHF) puppet are used, when appropriate during discussions about oral health. The provision of an intra-oral camera and DHF puppet is considered to exceed best practice guidance. A range of oral health and hygiene information leaflets are available. A range of oral health products are available for purchase in the practice and samples of toothpaste are freely distributed to patients.

Mrs Kelly confirmed that the practice has facilitated oral health awareness sessions for sure start. Sure start is a government programme which provides a range of support services for parents and children under the age of four, who live in disadvantaged areas across Northern Ireland. It aims to support parents from pregnancy and to give children the best start in life.

It was also confirmed that the practice has established a website. The website has a section entitled 'preventative hygiene'.

The emphasis placed on oral health and hygiene and preventative hygiene is to be commended.

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
- environmental cleaning
- personal protective equipment (PPE)
- decontamination equipment

If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

The audits undertaken in the practice exceeds mandatory and legislative requirements. A high emphasis is placed on audits and evidence was available to demonstrate that audits are used to improve the quality of care delivered.

Communication

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

Staff meetings are held on a monthly 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 in house training sessions.

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

Patient and staff views

All nine patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaires.

Both 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. No comments were included in submitted questionnaires.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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 ensures patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. As discussed previously the practice has developed a website and Mrs Kelly confirmed that patients are able to leave feedback using the website. Review of the most recent patient satisfaction report dated March 2016 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 nine patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaires.

Both 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. No comments were included in submitted questionnaires.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Management and governance arrangements

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 there were good working relationships and that management were responsive to any suggestions or concerns raised. Mr Kelly, registered person has 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 displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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.

Mr Kelly and staff 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.

Mrs Kelly confirmed that as a result of a quality improvement initiative the practice recently purchased a milling machine which was installed during April 2016. This milling machine produces crowns in a very short timeframe. The use of this machine for restorative dentistry has improved the quality of restorative treatment provided as it reduces the number of visits to the practice and results in a better fitting crown. The availability of this machine means that patients can have their restorative treatment completed in a single day. The investment in new technology demonstrated a drive to improve the standard and quality of treatment provided 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.

It was confirmed that the Statement of Purpose and Patient's 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.

Mr and Mrs Kelly demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. Information requested by RQIA has generally been submitted within specified timeframes.

Patient and staff views

All nine patients who submitted questionnaire responses indicated that they feel that the service is well managed. No comments were included in submitted questionnaires.

Both submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaires.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Sinead Kelly, registered 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

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

<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p> <p>To be completed by: 22 July 2016</p>	<p>It is recommended that staff personnel files should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Response by registered provider detailing the actions taken: Recommendation noted and advice given during inspection implemented.</p>
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