

# Announced Care Inspection Report 07 July 2016



## Armagh Orthodontic Clinic Ltd

**Type of Service: Independent Hospital – Dental Service**  
**Address: Gillis Terrace, Loughgall Road, Armagh, BT61 7NX**  
**Tel No: 028 3752 5665**  
**Inspector: Emily Campbell**

[www.rgia.org.uk](http://www.rgia.org.uk)

## 1.0 Summary

An announced inspection of Armagh Orthodontic Clinic Ltd took place on 7 July 2016 from 10:00 to 13:10.

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 Miss Jane Gormley, registered person, and staff demonstrated that, in general, 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. Recommendations were made that records pertaining to recruitment, training and appraisal in respect of each member of staff are retained in the practice and that a system should be introduced to monitor the professional indemnity status of those who require individual professional indemnity. This domain has been assessed as good.

### **Is care effective?**

Observations made, review of documentation and discussion with Miss Gormley 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. Good oral health is actively promoted and a recent audit to view the assimilation of information retained by patients in regards to the care of their braces and oral hygiene resulted in change to provide more prominent information in the written instructions leaflet and to have more interactive discussion with patients regarding compliance. This is commendable. No requirements or recommendations have been made. This domain has been assessed as excellent.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Miss Gormley and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear. Arrangements have been made for patients with specific needs to be accommodated at certain times and/or under certain conditions, for example dimmed lights, as indicated by their needs. This is commendable. No requirements or recommendations have been made. This domain has been assessed as excellent.

## Is the service well led?

Information gathered during the inspection evidenced that, in general, 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. However as previously discussed records pertaining to recruitment, with the exception of the one staff file provided, appraisal and training are not retained in the practice. Miss Gormley and staff confirmed that staff meetings are held on a regular basis and minutes are retained and provided to individual staff, however, these were not available for review during the inspection. A recommendation was made in this regard. This domain has been assessed as good.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

Details of the Quality Improvement Plan (QIP) within were discussed with Miss Jane Gormley, registered person, 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

<b>Registered organisation/registered provider:</b> Armagh Orthodontic Clinic Ltd Miss Jane Gormley	<b>Registered manager:</b> Miss Jane Gormley
<b>Person in charge of the service at the time of inspection:</b> Miss Jane Gormley	<b>Date manager registered:</b> 03 January 2013
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

Armagh Orthodontic Clinic Ltd operates a total of three dental chairs providing specialist orthodontic care. The practice is registered with RQIA for two dental chairs which are used for private and NHS orthodontic treatment, while the third dental chair is used for NHS orthodontic treatment only.

## 3.0 Methods/processes

Questionnaires were provided to staff prior to the inspection by the practice on behalf of the RQIA. Patient questionnaires were also provided to the practice for issue to patients; however, Miss Gormley declined to issue these as RQIA's new inspection methodology consultation had not been concluded. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed staff questionnaires.

During the inspection the inspector met with Miss Gormley, registered person, an orthodontic therapist and two dental nurses. A tour 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 25 August 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 25 August 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref: Standard 12.4</b> <b>Stated: First time</b>	It is recommended that Oropharyngeal airways sizes 0 – 4 should be provided and included in the emergency medicine and equipment checklist.  The availability of an automated external defibrillator (AED) should be reviewed. Miss Gormley should seek advice and guidance from her medico-legal advisor in this regard.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations made evidenced that oropharyngeal airways and an AED had been provided. Equipment was included in the emergency medicine and equipment checklist.	
<b>Recommendation 2</b> <b>Ref: Standard 11.1</b> <b>Stated: First time</b>	It is recommended that two written references, one of which should be from the current/most recent employer should be obtained in respect of any new staff recruited.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> One new staff member has been recruited since the previous inspection. Review of the staff personnel file confirmed that two written references had been obtained.	

## 4.3 Is care safe?

### Staffing

Three dental chairs, two of which are registered with RQIA for the provision of private orthodontic treatment, are in operation in this practice. Discussion with staff and a review of completed staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients. A staff register was in place and was observed to be up to date.

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

Miss Gormley and staff confirmed that appraisals were undertaken in an annual basis. However, records to evidence this were not available and Miss Gormley advised that she retains staff personnel files at home. Staff confirmed that they felt supported and involved in discussions about their personal development. Although some training records were available, for example, safeguarding children and management of a medical emergency, Miss Gormley advised that a record of training is not kept in respect of all staff, however, this is discussed in detail at the annual appraisal. Staff development is obviously encouraged at this practice with one dental nurse having obtained the certificate in dental radiography and has recently completed the orthodontic therapist course, two dental nurses will shortly be commencing the certificate in dental radiography course and one trainee dental nurse is being facilitated to undergo training as a dental nurse.

A recommendation was made in keeping with Regulation 21 (1) (3) Schedule 3 Part II of The Independent Health Care Regulations (Northern Ireland) 2005 that the following records are retained in the practice and available for inspection:

- a record of all documentation relating to the recruitment process
- a record of training and professional development activities completed by staff
- a record of the annual appraisal for each member of staff

It was suggested that staff personnel files should be retained in a locked filing cabinet in the practice.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status. Copies of professional indemnity records were retained, however, review of records identified that one professional indemnity certificate had expired. A recommendation was made that a robust system is introduced to monitor the professional indemnity status of those who require individual professional indemnity.

### Recruitment and selection

A review of the submitted staffing information and discussion with Miss Gormley confirmed that one staff member has been recruited since the previous inspection. As discussed previously staff personnel records are not retained in the practice, however, Miss Gormley brought this staff member's personnel file in for the purposes of the inspection. A review of the personnel files for the staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

## **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.

Safeguarding children training was provided in the practice by an external consultant in April 2016. Safeguarding training mainly focuses on child protection due to the patient group facilitated in the practice, however information and guidance pertaining to adults was available and accessible to staff. It was suggested that the new regional guidance 'Adult Safeguarding Prevention and Protection in Partnership (July 2015)' is obtained and discussed with staff.

## **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. The format of buccal Midazolam retained was not in keeping with the Health and Social care Board (HSCB) guidance. Miss Gormley was advised that when the buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance.

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. The most recent training was provided in September 2015. Following this an automated external defibrillator (AED) was purchased for the practice and training in its use was provided in October 2015.

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.

## **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. Staff were observed to be adhering to best practice in terms of uniform policy and hand hygiene.

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 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. 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 practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. A number of IPS audits were retained, however, these were not dated and Miss Gormley confirmed that the most recent audit was completed in June 2016. Miss Gormley was advised that audits should be dated.

## **Radiography**

The practice has an intra-oral x-ray machine and an orthopan tomogram machine (OPG) with lateral cephalogram which are located in a separate room.

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 in the x-ray room 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. However, the critical examination which was due at the end of May 2016 could not be accommodated by the RPA until the week following this inspection. Miss Gormley provided assurances that any recommendations made by the RPA would be implemented. 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 high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas and a colour coded cleaning system was in place.



Arrangements are in place for maintaining the environment. This included the servicing of equipment such as the boiler, fire safety equipment, emergency lighting, the lift and portable appliance testing. Reviews were also in place pertaining to risk assessments and Control of Substances Hazardous to Health (COSHH).

A legionella risk assessment review was last undertaken in June 2016 and water temperature was monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

Pressure vessels have been inspected in accordance with the written scheme of examination.

**Patient and staff views**

Patient questionnaires were provided to Miss Gormley for issue to patients; however, Miss Gormley declined to issue these as RQIA’s new inspection methodology consultation had not been concluded.

Eight staff submitted questionnaire responses. All indicated that they feel that patients are safe and protected from harm and rated “Is Care Safe?” as excellent. Staff spoken with during the inspection concurred with this.

**Areas for improvement**

Records pertaining to recruitment, training and appraisal in respect of each member of staff should be retained in the practice.

A robust system should be introduced to monitor the professional indemnity status of those who require individual professional indemnity.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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**4.4 Is care effective?**

**Clinical records**

Miss Gormley and 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 that treatment plans are developed in consultation with patients and parents/guardians as appropriate. It was confirmed that patients or parents/guardians are informed about the cost of treatments, choices and options.

Electronic care records are maintained and different levels of access are afforded to staff dependent on their role and responsibilities. Any manual records which are required to be retained were stored in locked cabinets. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

The practice is registered with the Information Commissioner's Office (ICO).

## **Health promotion**

The practice has a strategy for the promotion of oral health and hygiene. There was information displayed in the waiting room promoting the hygienist service in relation to smoking cessation, oral health instruction, scale and polishing and advice on oral health products. All NHS patients are given an appointment approximately one month following the application of braces to promote good oral health during their treatment. This service is also available to private patients if they so choose. Miss Gormley and staff confirmed that oral health is also actively promoted on an individual level with patients during their consultations. Verbal and written instructions are provided to patients on oral health as required.

Good oral health is also encouraged with children through the provision of 'prizes' given out on a quarterly basis for those who demonstrate good oral health whilst wearing braces.

An audit was recently conducted to view the assimilation of information retained by patients in regards to the care of their braces and oral hygiene. As a result of the audit, change was implemented in the practice to provide more prominent information in the written instructions leaflet and to have more interactive discussion with patients regarding compliance. This is commendable.

## **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
- assimilation of information retained by patients
- review of complaints/accidents/incidents

## **Communication**

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

Staff meetings are held on a quarterly basis and ad hoc as required to discuss clinical and practice management issues. Miss Gormley and staff confirmed that minutes of meetings are retained and provided to each individual staff member. Minutes of meetings were not available during the inspection; this matter is discussed further in section 4.6 of the report. Miss Gormley and staff confirmed that meetings also facilitated informal and formal in house training sessions.

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.

## **Staff views**

All submitted staff questionnaire responses indicated that they feel that patients get the right care, at the right time and with the best outcome for them and rated “Is Care Effective?” as excellent. Staff spoken with during the inspection concurred with this.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

Surgeries are located on the first floor of the practice and can be accessed via the stairs or a lift for patients with a disability and a disabled access toilet facility is available. The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear. Arrangements have been made for patients with specific needs to be accommodated at certain times and/or under certain conditions, for example dimmed lights, as indicated by their needs. This is commendable. Interpreter services are available and have been used to ensure understanding of patients who do not speak English.

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 undertakes patient satisfaction surveys on an annual basis. Review of the most recent 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. The most recent patient satisfaction survey was reviewed which indicated a positive response regarding the service provided. Comments included in patient satisfaction questionnaires included the following:

- “Service is very good.”
- “Excellent service. Very friendly staff.”
- “Very good facility, very convenient location. Helpful friendly staff, would highly recommend to others.”
- “What needed done got done very quickly.”

A number of thank-you cards from patients/parents were also observed.

### Staff views

All submitted staff questionnaire responses indicated that they feel that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff rated “Is Care Compassionate?” as excellent. Staff spoken with during the inspection concurred with this.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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. 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.

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.

Miss Gormley 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. This included the review of risk assessments and audit. However, as discussed previously records pertaining to recruitment, with the exception of the one staff file provided, appraisal and training were not available. Although Miss Gormley and staff confirmed that staff meetings are held on a regular basis and minutes retained and provided to individual staff, these were not available for review during the inspection. A recommendation was made in this regard.

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

The registered provider/manager demonstrated a clear understanding of their 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 was kept under review, revised and updated when necessary and available on request. Review of the patient guide confirmed that it had been updated.

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

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

### Staff views

All submitted staff questionnaire responses indicated that they feel that the service is well led and rated it as excellent. Staff spoken with during the inspection concurred with this.

### Areas for improvement

Minutes of staff meetings should be retained in the practice.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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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 Miss Jane Gormley, registered person, 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](mailto: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

**Stated:** First time

**To be completed by:**  
7 September 2016

The following records should be retained in the practice and be available for inspection:

- a record of all documentation relating to the recruitment process
- a record of training and professional development activities completed by staff
- a record of the annual appraisal for each member of staff

**Response by registered provider detailing the actions taken:**

- For the 2015-16 inspection which included staff recruitment, the RQIA advised this practice that only the records of staff who had joined the practice after the practice registered with the RQIA were required. This practice provided the staff records that met that criterion and the RQIA were satisfied with that. At this year's inspection therefore this practice assumed that only the records of staff who had been recruited after registration with the RQIA and since last year's inspection would be required and duly provided those for inspection. However as this report has made clear that the parameters had changed and that the records provided were not sufficient to satisfy the RQIA, all staff records will be available for inspection in future.

This does however illustrate the lack of consistency (both intra- and inter-inspector) that has been a feature of the RQIA's regulation of dental service providers.

- All staff are contractually obliged to fulfill the GDC's requirements for registration, including the fulfillment of CPD requirements. It has been the policy of this practice to check staff members' CPD activity at the annual appraisal. Forthwith, staff shall provide a written record of training and CPD to satisfy the RQIA.

- A record of annual appraisals shall be retained in the practice with immediate effect.

#### Recommendation 2

**Ref:** Standard 11

**Stated:** First time

**To be completed by:**  
7 August 2016

A robust system should be introduced to monitor the professional indemnity status of those who require individual professional indemnity.

**Response by registered provider detailing the actions taken:**

This practice checks the professional indemnity of its workers on a bi-annual basis. The indemnity certificate of one part time worker expired on 30/6/16. When the worker attended the practice on 4/7/16, she had not yet received her certificate of indemnity for 2016-17, which she had renewed. Therefore the certificate was not available for the inspector at the inspection which took place on 7/7/16. Robust evidence of professional indemnity was subsequently provided by the worker soon after the RQIA inspection.

<b>Recommendation 3</b>  <b>Ref:</b> Standard 11.6  <b>Stated:</b> First time  <b>To be completed by:</b> 7 September 2016	Minutes of staff meetings should be retained in the practice.  <b>Response by registered provider detailing the actions taken:</b> Minutes of staff meetings will be retained in the practice forthwith.
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*\*Please ensure this document is completed in full and returned to [independent.healthcare.@rqia.org.uk](mailto:independent.healthcare.@rqia.org.uk) from the authorised email address\**





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