

Announced Care Inspection Report 23 August 2016



Ballybot Dental Surgery Limited

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: 25 Patrick Street, Newry, BT35 8EB
Tel No: 028 3026 3326
Inspector: Emily Campbell

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Ballybot Dental Surgery took place on 23 August 2016 from 9:55 to 13:40.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the dental 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 Morna Baxter, registered person, 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. One recommendation has been made for the second time in relation to the provision of an automated external defibrillator (AED). Eight recommendations have been made in relation to further development of the written induction programme and the recruitment policy, the provision of management of medical emergencies training, infection prevention and control auditing, repair/replacement of the drop down bar in the disabled access toilet, boiler servicing, fire safety training and review of the fire risk assessment.

Is care effective?

Observations made, review of documentation and discussion with Ms Baxter 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 Baxter 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?

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. 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. However, a number of issues were identified within the "Is care safe?" domain which have an impact on quality assurance and good governance. Recommendations have been made in order to progress improvement in identified areas. It is important these are kept under review to ensure improvements are sustained. No additional requirements or recommendations have been made under this 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	9

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Morna Baxter, 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

Registered organisation/registered provider: Ballybot Dental Surgery Limited Ms Morna Baxter	Registered manager: Ms Morna Baxter
Person in charge of the service at the time of inspection: Ms Morna Baxter	Date manager registered: 30 May 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 Ms Morna Baxter, registered person, two associate dentists, two dental nurses and a receptionist. 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 26 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 26 August 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.4 Stated: First time	It is recommended that the availability of an automated external defibrillator (AED) should be reviewed. Ms Baxter should seek advice and guidance from her medico-legal advisor in this regard.	Partially Met
	Action taken as confirmed during the inspection: Ms Baxter confirmed that she has taken advice from her medico-legal advisor and following advice is pursuing the purchase an AED, however, an AED had not yet been provided. This recommendation has been partially addressed and was stated for the second time with an addendum that advice as provided by the medico-legal advisor should be actioned. Confirmation should be provided to RQIA that an AED is readily available.	

<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that an overarching recruitment policy is developed reflecting best practice guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: An overarching recruitment policy had been developed. Whilst the policy outlined the process for recruitment and selection and was in keeping with the Equality Commission guidance, some information did not clearly specify what will be obtained in respect of new staff. A recommendation was made that the policy should be further developed to include the following:</p> <ul style="list-style-type: none"> • issuing of contracts of employment or agreement • documents to be obtained in respect of new staff prior to commencing work in the practice, namely, proof of identification including a recent photograph, physical and mental health assessment, two written references, one of which should be from the most recent/current employer, criminal conviction declaration, full employment history including dates, reasons for leaving and an explanation of any gaps in employment, evidence of qualifications, if applicable, information regarding General Dental Council (GDC) registration, if applicable and that AccessNI disclosure checks are at enhanced level. <p>It was suggested that the documents to be obtained in respect of new staff could be appended to the policy.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that two written references, one of which should be from the current/most recent employer and a criminal conviction declaration should be obtained in respect of any new staff recruited.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the personnel files of two staff recruited since the previous inspection evidenced that that two written references had been obtained. A criminal conviction declaration had not been obtained in respect of one staff member. On the day of the inspection this was completed by the staff member who had recently taken up employment. The criminal conviction declaration template was added to the recruitment checklist during the inspection to ensure it is completed in respect of any new staff recruited.</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.

A recently employed staff member confirmed that relevant information was covered during their induction, however, the formal induction programme templates were quite generic and lacked detail in respect of the topics to be covered relevant to specific roles and responsibilities. A recommendation was made that induction programmes are further developed to include specific topics to be covered as applicable to the role, for example, safeguarding, management of a medical emergency, fire evacuation, radiology, infection prevention and control and decontamination. A sample of one evidenced that induction programmes had been completed when new staff joined the practice and a staff member recently recruited confirmed she was currently completing an induction.

Ms Baxter advised that appraisals had previously been undertaken in an informal way. However, a formal process for appraisal has recently been established and appraisal meetings for some staff have been scheduled for the end of the week. Appraisal templates were available for inspection. 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 Baxter confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for two of these staff 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, with the exception of a criminal conviction declaration in respect of one staff member. As discussed previously arrangements were put in place during the inspection to ensure a criminal conviction declaration is completed in the future.

There was a recruitment policy and procedure available. As discussed in section 4.2, a recommendation was made that the policy should be further developed to include the issuing of contracts and documents to be obtained.

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. Update refresher training has been booked to be provided in house by an external provider in October 2016.

Ms Baxter confirmed that she will obtain a copy of the new regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) and will discuss this with staff. The safeguarding vulnerable adults policy will also be updated to reflect the new arrangements for safeguarding adults at risk of harm.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of an AED and a self-inflating bag with reservoir suitable for use with a child. The self-inflating bag with reservoir suitable for use with a child was ordered during the inspection and the order was viewed by the inspector. As discussed in section 4.2 a recommendation was made for the second time to review the availability of an AED and that advice as provided by the medico-legal advisor should be actioned.

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 evidenced that management of medical emergencies training was provided in February 2015, however, it is not scheduled to be provided again until November 2016, some 19 months later. A recommendation was made that arrangements are established to ensure that management of medical emergencies training is provided on an annual basis. As discussed previously, management of medical emergencies should be a specific topic identified to be covered at induction.

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 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 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 up to date validation, however, there was 17 months between these validations and the previous ones. Ms Baxter provided assurances that arrangements would be established to ensure that decontamination equipment is validated annually in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded as outlined in HTM 01-05. The illuminated inspection light was relocated during the inspection to retain the flow of dirty through to clean within the decontamination process.

The most recent audit of compliance with HTM 01-05, using the Infection Prevention Society (IPS) audit tool, was commenced in January 2015, however, this was not completed. A recommendation was made that compliance with HTM 01-05 should be audited on a six monthly basis and an action plan devised to address any shortfalls in compliance.

Radiography

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is 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 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. Parts of the exterior covering of the drop down support bar in the disabled toilet had broken away and a recommendation was made that this should be made right.

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 risk assessment review, portable appliance testing, fire safety equipment servicing and air conditioning servicing. The heating boiler has not been serviced for some time and a recommendation was made in this regard.

A legionella risk assessment was in place and water temperature is monitored and recorded as recommended.

Staff demonstrated that they were aware of the action to take in the event of a fire and fire drills were carried out on a regular basis. However, fire safety awareness training is not provided on an annual basis and a recommendation was made in this regard. The fire risk assessment lacked detail and a recommendation was made that this should be further developed. Advice can be sought from the Northern Ireland Fire and Rescue Service and the Health and Safety Executive Northern Ireland.

The compressor and sterilisers have been scheduled to be inspected under the written scheme of examination of pressure vessels on 26 August 2016.

Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- “My daughter attends as well for dental care (age 9) and was given excellent information about treatment.”
- “Very safe.”

Six staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No written comments were provided.

Areas for improvement

Induction programmes should be further developed to include specific topics to be covered as applicable to the role.

The recruitment policy should be further developed.

The availability of an AED should be reviewed.

Arrangements should be established to ensure that management of medical emergencies training is provided on an annual basis.

Compliance with HTM 01-05 should be audited on a six monthly basis and an action plan devised to address any shortfalls in compliance.

The exterior covering of the drop down support bar in the disabled toilet should be made right.

Arrangements should be established to ensure the heating boiler is serviced on a regular basis.

Fire safety awareness training should be provided on an annual basis.

The fire risk assessment should be further developed.

Number of requirements	0	Number of recommendations:	9
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

Clinical records

Ms Baxter 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. It was confirmed that patients are informed about the cost of treatments, choices and options. Written treatment plans including estimated costs are provided to patients as appropriate.

Both manual and computerised records are maintained; patient care records are retained electronically. 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.

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. Ms Baxter and staff confirmed that oral health, including smoking cessation advice, is actively promoted on an individual level with patients during their consultations. Models are available for demonstration purposes to promote good oral hygiene.

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
- review of complaints/accidents/incidents
- patient satisfaction surveys.

As discussed previously, a recommendation was made that compliance with HTM 01-05 should be audited on a six monthly basis. It was suggested that the auditing programme could be further developed to include audits on areas such as record keeping and clinical waste.

Ms Baxter advised that she is planning to attend a course on audit planning which will further enhance the auditing and quality assurance process in the practice.

Communication

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

Ms Baxter advised that due to staff mainly working part time it was difficult to arrange staff meetings, however, she has implemented a system whereby regular memo updates are provided to staff which they sign to confirm receipt of. Update memos outline specific matters to be addressed. In addition, informal weekly meetings are held however, there are no records retained in this regard. It was suggested that a record of these meetings should be retained.

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

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. Comments provided included the following:

- “I attend surgery for both dental and orthodontic care and have always had comprehensive information from approachable and professional staff.”
- “Yes. If it wasn’t I would change dentist.”

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. Staff spoken with during the inspection concurred with this. No written comments were provided.

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. Earphones, through which patients can listen to music, are provided for patients who have anxiety about the sound of the dental drill. The practice is accessible to patients with a disability and an interpreter service is available if required. Late night opening is offered by Ms Baxter one evening a week as required.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensures that patients understand 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. The results of the most recent patient satisfaction are currently being collated and Ms Baxter confirmed that a report of the findings would be generated and made available to patients and other interested parties.

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. The following comment was provided:

- “It is easy to talk to all staff members.”

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. Staff spoken with during the inspection concurred with this. No written comments were provided.

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

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.

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 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.

Ms Baxter 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. However, a number of issues were identified within the “Is care safe domain?” which have an impact on quality assurance and good governance. Nine recommendations have been made in order to progress improvement in identified areas. It is important these are kept under review to ensure improvements are sustained.

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 Baxter 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’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.

Patient and staff views

All patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- “Always get top class service at Ballybot, cannot fault them in any way possible.”
- “I am always greeted by name – I don’t know how the receptionist manages it!”
- “Very happy.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No written comments were provided.

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 Morna Baxter, 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 the 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 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: 23 October 2016	<p>Induction programmes should be further developed to include specific topics to be covered as applicable to the role.</p> <p>Response by registered provider detailing the actions taken: The induction programme is being developed further to encompass the topics discussed/required.</p>
Recommendation 2 Ref: Standard 11.1 Stated: First time To be completed by: 23 November 2016	<p>The recruitment policy should be further developed to include the following:</p> <ul style="list-style-type: none"> • issuing of contracts of employment or agreement • documents to be obtained in respect of new staff prior to commencing work in the practice, namely, proof of identification including a recent photograph, physical and mental health assessment, two written references, one of which should be from the most recent/current employer, criminal conviction declaration, full employment history including dates, reasons for leaving and an explanation of any gaps in employment, evidence of qualifications, if applicable, information regarding General Dental Council (GDC) registration, if applicable and that AccessNI disclosure checks are at enhanced level. <p>It was suggested that the documents to be obtained in respect of new staff could be appended to the policy.</p> <p>Response by registered provider detailing the actions taken: Our policy and documentation checks have been updated to ensure that we meet the requirements</p>
Recommendation 3 Ref: Standard 12.4 Stated: Second time To be completed by: 23 November 2016	<p>It is recommended that the availability of an automated external defibrillator (AED) should be reviewed. Ms Baxter should seek advice and guidance from her medico-legal advisor in this regard.</p> <p>Advice as provided by the medico-legal advisor should be actioned. Confirmation should be provided to RQIA that an AED is readily available.</p> <p>Response by registered provider detailing the actions taken: I can confirm that we share an AED with Yew Tree Dental Surgery on the same street and have also access to another AED located at the SPAR shop directly opposite the practice.</p>

<p>Recommendation 4</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: 23 November 2016</p>	<p>Arrangements should be established to ensure that management of medical emergencies training is provided on an annual basis.</p> <p>Response by registered provider detailing the actions taken: Training has been completed on Friday 7th October 2016 and a reminder has been set to book this in 11 months time.</p>
<p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 23 October 2016</p>	<p>Compliance with Health Technical Memorandum (HTM) 01-05 should be audited on a six monthly basis, using the Infection Prevention Society (IPS) audit tool and an action plan devised to address any shortfalls in compliance.</p> <p>Response by registered provider detailing the actions taken: IPS Audit has been recommenced as recommended. Each surgery will have a separate audit using the IPS Audit tool and this will be undertaken every six months as advised.</p>
<p>Recommendation 6</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p> <p>To be completed by: 23 November 2016</p>	<p>The exterior covering of the drop down support bar in the disabled toilet should be made right.</p> <p>Response by registered provider detailing the actions taken: New drop down support bar purchased and installation planned.</p>
<p>Recommendation 7</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p> <p>To be completed by: 23 October 2016</p>	<p>Arrangements should be established to ensure the heating boiler is serviced on a regular basis.</p> <p>Response by registered provider detailing the actions taken: Boiler service booked for Thursday 20th October 2016.</p>
<p>Recommendation 8</p> <p>Ref: Standard 12.5</p> <p>Stated: First time</p> <p>To be completed by: 23 October 2016</p>	<p>Fire safety awareness training should be provided on an annual basis.</p> <p>Response by registered provider detailing the actions taken: Online training undertaken by all staff with reminder date for next annual training in diary.</p>

<p>Recommendation 9</p> <p>Ref: Standard 14.2</p>	<p>The fire risk assessment should be further developed. Advice can be sought from the Northern Ireland Fire and Rescue Service and the Health and Safety Executive Northern Ireland.</p>
<p>Stated: First time</p> <p>To be completed by: 23 October 2016</p>	<p>Response by registered provider detailing the actions taken: Fire risk assessment being developed as advised and this will be undertaken by a visit from the Northern Ireland Fire and Rescue Service visit on Wednesday 26th October 2016.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews