

Announced Care Inspection Report 25 July 2017



Bestdentalcare

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

Address: Quaker Buildings, 80 High Street, Lurgan, BT66 8BB

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Inspectors: Emily Campbell and Brighdin McFalone

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with 2 registered places. The practice provides private and NHS dental care and treatment.

3.0 Service details

Organisation/Registered Provider: Stuart Best & Associates Limited	Registered Manager: Mr Stuart Best
Responsible Individual:	

Mr Stuart Best	
Person in charge at the time of inspection: Mr Stuart Best	Date manager registered: 13 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Inspection summary

An announced inspection took place on 25 July 2017 from 10.00 to 13.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to staff training and development, patient safety, maintenance arrangements, the range and quality of audits, health promotion and engagement to enhance the patients' experience.

One area requiring improvement was identified against the regulations in regard to staff recruitment. Two areas requiring improvement were identified against the standards in relation to further development of the recruitment policy and cleaning equipment.

Patients who submitted questionnaire responses indicated a high level of satisfaction regarding the care and treatment provided in the practice.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Stuart Best, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 20 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 September 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Best, the practice manager and two dental nurses. The practice manager is a dental nurse and all dental nurses also undertake receptionist duties. A tour of the premises was also undertaken.

A sample of 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 and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements

- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 September 2016

The most recent inspection of the practice was an announced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 20 September 2017

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		
Area for improvement 1 Ref: Regulation 15 (2) Stated: First time	The registered provider must ensure that routine safety checks to the gas equipment and installation, including distribution pipework, are carried out on an annual basis. This should be carried out by a suitably qualified and competent person and written confirmation of safety checks should be maintained for inspection.	Met
	Action taken as confirmed during the inspection: Review of documentation evidenced that safety checks to the gas equipment and installation, including distribution pipework, had been carried out in November 2016. Mr Best confirmed that he had a calendar reminder established for when servicing is due again.	
Action required to ensure compliance with The Minimum Standards		Validation of

for Dental Care and Treatment (2011)		compliance
Area for improvement 1 Ref: Standard 13.4 Stated: First time	The detail of the daily automatic control test (ACT) for the DAC Universal and steriliser should be recorded in the associated logbooks.	Met
	Action taken as confirmed during the inspection: Review of the steriliser and DAC Universal logbooks evidenced that the detail of the ACT was recorded.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

The practice has two surgeries, however, only one surgery is in operation and Mr Best is the only dentist working in the 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 one 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. A review of a sample of three evidenced that appraisals had been completed on an annual basis. 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 Mr Best confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for this 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 with the exception of the following:

- two written references, one of which should have been from the most recent employer
- details of full employment history, including an explanation of any gaps in employment
- criminal conviction declaration.

Mr Best advised that he had not requested this information as the staff member had worked in the practice previously and was therefore known to him. The staff member had not been working in the practice for over a year and the importance of ensuring that all checks as outlined in the legislation are carried out was discussed with Mr Best. An area for improvement against the regulations was identified in this regard.

There was a recruitment policy and procedure available. An area for improvement against the standards was identified that the policy should be further developed to include that the following information will be obtained and retained prior to staff (including self-employed staff) commencing employment:

- enhanced AccessNI disclosure check
- positive proof of identity, including a recent photograph
- two written references, one of which should be from the current/most recent employer
- details of full employment history, including an explanation of any gaps in employment
- documentary evidence of qualifications, where applicable
- evidence of current GDC registration, where applicable
- criminal conviction declaration
- confirmation that the person is physically and mentally fit to fulfil their duties
- evidence of professional indemnity insurance, where applicable

A sample criminal conviction declaration template was emailed to Mr Best on the afternoon of the inspection.

A staff register was retained containing staff details including, name, date of birth, position, dates of employment, and details of professional qualifications and professional registration with the GDC, where applicable. The staff register was observed to be up to date.

Safeguarding

Staff 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. It was confirmed that the safeguarding lead had completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

One overarching policy was in place for the safeguarding and protection of adults and children. The policy had been updated since the previous inspection and included 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 also included. However, the term “vulnerable adults”, as opposed to “adults at risk of harm” was still used and some definitions of abuse had not been included as outlined in the regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015). A revised safeguarding policy was submitted to RQIA on 11 August 2017, which was evidenced that these matters had been addressed. A template for the recording concerns was also submitted.

It was confirmed that copies of the regional policy Co-operating to safeguard children and young people in Northern Ireland (March 2016) and the regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) were both available for staff reference.

Following the inspection the following documentation was forwarded to the practice by email:

- Adult Safeguarding Operational Procedures (September 2016)
- Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016)

Management of medical emergencies

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

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

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

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. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

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

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including a washer disinfectant, a DAC Universal and a steam steriliser, 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 suggested that the steriliser is moved closer to the DAC Universal to allow more space at the end of the clean flow for the packaging of instruments.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during June 2017.

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

Radiography

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

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

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

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

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

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

Environment

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

Detailed cleaning schedules were in place for all areas which were signed on completion and a colour coded cleaning system was in place. The following issues which are not in keeping with best infection prevention and control practice were identified:

- mop buckets were dusty
- mop heads were not stored inverted
- mop heads needed renewed
- spray cleaner containers were hanging against the mop buckets

An area for improvement against the standards was identified in this regard.

Arrangements are in place for maintaining the environment. This included fire safety equipment checks and servicing, fixed electrical wiring testing, portable appliance testing, fire risk assessment and legionella risk assessment and servicing of relative anaesthesia (RA) inhalation sedation gas equipment.

A legionella risk assessment was last undertaken in August 2016 and water temperature is monitored and recorded as recommended. Arrangements are in place to run all water outlets in the unused surgery on a daily basis.

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

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

Patient and staff views

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

- “Stuart very good.”
- “Very approachable and helpful staff.”
- “I agree with all of the above.”
- “I feel 100% confident that all staff make me feel safe.”

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

Areas of good practice

There were examples of good practice found in relation to induction, training, appraisal, management of medical emergencies, the decontamination of dental instruments, radiology and maintenance arrangements.

Areas for improvement

All of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained in respect of any new staff (including self-employed staff) recruited.

The recruitment policy should be further developed.

Mop buckets should be maintained clean, mop heads should be renewed on a regular basis, spray cleaner containers should not be hung against the mop buckets and mop heads should be stored inverted to dry.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Clinical records

Mr Best and staff 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.

Both manual and computerised records are maintained. 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. These were not reviewed during the inspection.

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. There was information available in the waiting area promoting good oral health. The practice has a health promotion outreach programme that they deliver in a primary school and children's organisations. Mr Best and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

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

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

Communication

Mr Best confirmed that arrangements are in place for onward referral in respect of specialist treatments and that a policy and procedure and template referral letters have been established.

Informal meetings are held each morning to discuss the plans for the day. Staff meetings are held on a three to four 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 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.

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. All patients indicated they were very satisfied with this aspect of care. Comments provided included the following:

- “Everything is fully explained.”
- “Very informative, well planned care.”
- “Everything is always discussed fully and my input is vital.”

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 and that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity, respect and involvement in decision making

Mr Best and 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. The practice is accessible to patients with a disability and an interpreter service is available if required.

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. A patient information folder is available in the waiting area containing relevant information about the practice including the results of the most recent patient satisfaction survey.

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. All patients indicated they were very satisfied with this aspect of care. Comments provided included the following:

- "Agree with all above. 100%."

- “Stuart Best and all his staff seem very caring, compassionate and considerate at all times.”
- “Lovely dentist and practice.”

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 and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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 Best 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 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 2016 to the date of this inspection.

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 Best 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.

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

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

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

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

Patient and staff views

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

- “A very efficient service.”
- “Very well led service from all staff.”

All submitted staff questionnaire responses indicated that they felt that the service is well led and they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Stuart Best, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 2 (as amended)</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2017</p>	<p>The registered person shall ensure that all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained in respect of any new staff (including self-employed staff) recruited. This should include:</p> <ul style="list-style-type: none"> • two written references, one of which should be from the current/previous employer • details of full employment history, including an explanation of any gaps in employment • criminal conviction declaration <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The recruitment policy has been developed to ensure that all of the above checks are performed and evidence retained prior to any new staff being recruited. A new criminal conviction declaration has been include in this policy.</p>

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)

<p>Area for improvement 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 25 October 2017</p>	<p>The registered person shall further develop the recruitment policy to include that the following information will be obtained and retained prior to staff (including self-employed staff) commencing employment:</p> <ul style="list-style-type: none"> • enhanced AccessNI disclosure check • positive proof of identity, including a recent photograph • two written references, one of which should be from the current/most recent employer • details of full employment history, including an explanation of any gaps in employment • documentary evidence of qualifications, where applicable • evidence of current GDC registration, where applicable • criminal conviction declaration • confirmation that the person is physically and mentally fit to fulfil their duties • evidence of professional indemnity insurance, where applicable <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p>

	<p>The recruitment policy has been developed to ensure that all of the above checks are performed and evidence retained prior to staff commencing employment.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2017</p>	<p>The registered person shall ensure that the following is addressed in keeping with best infection prevention and control practice</p> <ul style="list-style-type: none"> • mop buckets should be maintained clean • mop heads should be renewed on a regular basis • spray cleaner containers should not be hung against the mop buckets • mop heads should be stored inverted to dry <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Procedure has been introduced that mop buckets are routinely cleaned/replaced. Mop heads are renewed regularly and stored inverted. Spray cleaner containers are stored seperately on a shelf.</p>

**Please ensure this document is completed in full and returned via Web Portal **



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