

# Announced Care Inspection Report 28 November 2016



## Bowen Dental (Stewartstown Road)

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 25 Stewartstown Road, Belfast, BT11 9FY  
Tel no: 028 9028 3800  
Inspector: Emily Campbell

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Bowen Dental (Stewartstown Road) took place on 28 November 2016 from 10:00 to 13:15.

The inspection sought to assess progress with any issues raised 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.

### Is care safe?

Observations made, review of documentation and discussion with Mr David Bowen, registered person, Ms Francine Doyle, registered manager, 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. One requirement has been made to implement the recommendations made as a result of the fire risk assessment. One recommendation was made to provide a self-inflating bag with reservoir suitable for use with a child.

### Is care effective?

Observations made, review of documentation and discussion with Mr Bowen, Ms Doyle 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. A recommendation was made that minutes of staff meetings should be retained and be available at inspection.

### Is care compassionate?

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

### Is the service well led?

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

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr David Bowen, registered person, and an associate dentist, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 11 May 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Mr David Bowen	<b>Registered manager:</b> Ms Francine Doyle
<b>Person in charge of the practice at the time of inspection:</b> Mr David Bowen	<b>Date manager registered:</b> 10 September 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

The practice has three dental chairs, two of which are in use. Mr Bowen is aware that should the third surgery be made operational and used for the provision of private dental care and treatment, an application of variation should be submitted to RQIA to increase the number of dental chairs registered.

### 3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Bowen, registered person, Ms Doyle, registered manager, an associate dentist, a dental nurse and a receptionist. The inspection was facilitated by Mr Bowen and an associate dentist. 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 11 May 2015**

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

**4.2 Review of requirements and recommendations from the last care inspection dated 11 May 2015**

<b>Last care inspection statutory requirements</b>		<b>Validation of compliance</b>
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (6)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that appropriate staff are aware of the doses of adrenaline to be administered in the event of anaphylaxis should a second dose be needed.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>                      Mr Bowen and Ms Doyle confirmed on the submitted QIP that this matter had been discussed at the team meeting in June 2015 and a dosage sheet was attached to the emergency drugs. On discussion, an associate dentist, demonstrated good awareness of the doses of adrenaline to be administered in the event of anaphylaxis.</p>	<b>Met</b>

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that enhanced AccessNI checks are received in respect of the three identified staff members. Confirmation should be provided to RQIA.</p> <p>Enhanced AccessNI checks must be undertaken and received in respect of any new staff being recruited prior to them commencing work in the practice.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Review of the personnel files of the three identified staff evidenced that enhanced AccessNI checks had been obtained.</p> <p>One new staff member has been recruited since the previous inspection. Review of this staff member's personnel file evidenced that an enhanced AccessNI check had been received prior to the commencement of employment.</p>	<p><b>Met</b></p>
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the availability of an automated external defibrillator (AED) should be reviewed. Mr Bowen should seek advice and guidance from his medico-legal advisor in this regard.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> An AED is available and it was confirmed that staff have received training in its use.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended to further develop the monthly checking record for emergency medications and equipment. The record should include the emergency equipment, signature of the person checking medications and equipment and the specific date the check was undertaken.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Observations made confirmed that a monthly checking record had been established.</p>	<p><b>Met</b></p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that recruitment and selection procedures are further developed and the following information retained in the personnel files of any new staff recruited:</p> <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph;</li> <li>• evidence that an enhanced AccessNI check was received prior to commencement of employment;</li> <li>• two written references;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• documentary evidence of qualifications, where applicable;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties; and</li> <li>• evidence of professional indemnity insurance, where applicable.</li> </ul>	<p><b>Met</b></p>
<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Review of the personnel file of the staff member recruited since the previous inspection evidenced that all relevant information had been sought and retained.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that a staff register is established containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.</p> <p>The register should be kept up to date as staff commence/cease working in the practice.</p>	<p><b>Met</b></p>
<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>A staff register had been established and was observed to be up to date.</p>		

## 4.3 Is care safe?

### Staffing

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

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of 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 in November 2016. Mr Bowen confirmed that it had been approximately 18 months since the previous appraisals; however, he has now established a system to ensure they are undertaken annually. 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 Bowen confirmed that one staff member has 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.

It was confirmed that a recruitment policy and procedure was available and that it was comprehensive and reflected best practice guidance.

### Safeguarding

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

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

The new regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) was available and Mr Bowen confirmed these documents had been discussed at a team meeting. Mr Bowen provided assurance that the safeguarding children and adults policy would be updated to reflect the new guidance.

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). The Glucagon medication was stored in the fridge; however, daily fridge temperatures were not retained. A revised expiry date was recorded on the medication during the inspection, in keeping with manufacturer's instructions, as the cold chain could not be verified. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of a self-inflating bag with reservoir suitable for use with a child. Mr Bowen advised he would order this and provide confirmation to RQIA in this regard. As no confirmation has been received a recommendation has been made.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

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

A policy for the management of medical emergencies and protocols outlining the local procedure for dealing with the various medical emergencies were retained in the policy files.

## **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 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. A soil test is not undertaken in respect of the washer disinfectant and staff advised that the engineer had not indicated that one was required for the type/model of washer disinfectant in the practice. It was suggested that this should be

checked with the equipment engineer and if appropriate that soil tests are undertaken at the appropriate intervals.

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 on 23 November 2016.

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

## **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. Training was provided to clinical staff in the practice by the radiation protection advisor (RPA) in May 2016. 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 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.

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

Arrangements are in place for maintaining the environment. This included portable appliance testing (PAT) of electrical equipment, legionella risk assessment, fire risk assessment review, firefighting equipment servicing and servicing of the dental chairs.

A fire risk assessment had been undertaken by an external fire safety officer on 23 November 2016 and the report has recently been received. A number of substantial issues were identified for action. A requirement has been made that the recommendations made as a result of the fire risk assessment should be implemented. Mr Bowen advised that he has commenced an action

plan in this respect but needs to contact the fire safety officer regarding the specifics about actions to be taken. The oil heating system has not been regularly serviced and this is included as an action to be implemented in the fire risk assessment. Fire safety training was provided to staff on 15 November 2016 and staff spoken with demonstrated that they were aware of the action to take in the event of a fire.

Mr Bowen confirmed that pressure vessels had been inspected in accordance with the written scheme of examination of pressure vessels.

**Patient and staff views**

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

Four 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 comments were included in submitted questionnaire responses.

**Areas for improvement**

A self-inflating bag with reservoir suitable for use with a child should be provided.

The recommendations made as a result of the fire risk assessment should be implemented.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
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**4.4 Is care effective?**

**Clinical records**

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

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

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.

A range of policies were available in relation to records management, data protection and confidentiality and consent.

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 in regards oral health available in the practice. Mr Bowen and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. A copy of The National Institute for Health and Care Excellence (NICE) oral health promotion guidance for general dental practice is available in the practice.

## 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
- review of complaints/accidents/incidents
- peer review
- patient satisfaction surveys

## Communication

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

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Although staff confirmed they are provided with copies of the minutes of staff meetings these were not available during the inspection. A recommendation was made that minutes of staff meetings are retained and are available at inspection. 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. No comments were included in submitted questionnaire responses.

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 comments were included in submitted questionnaire responses.

## Areas for improvement

Minutes of staff meetings should be retained and be available at inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 4.5 Is care compassionate?

### Dignity, respect and involvement in decision making

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

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear. Patients with a physical disability or who require wheelchair access can be accommodated in the practice. An interpreter service is available for patients who require this assistance. Staff advised that they endeavour to accommodate any specific individual needs a patient may have.

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 a six monthly 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 policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

### 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. No comments were included in submitted questionnaire responses.

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 comments were included in submitted questionnaire responses.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

### Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

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 a yearly 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.

Mr Bowen 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 Bowen 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'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 feel that the service is well managed. No comments were included in submitted questionnaire responses.

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 comments were included in submitted questionnaire responses.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr David Bowen, registered person, and an associate dentist, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

**5.3 Actions to be taken by the registered provider**

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

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 25 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2017</p>	<p>The registered provider must ensure that the recommendations made as a result of the fire risk assessment are implemented.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>work in progress to be completed by target date</i></p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 December 2016</p>	<p>A self-inflating bag with reservoir suitable for use with a child should be provided.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Child Ambu bag purchased. Invoice attached.</i></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 11.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 December 2016</p>	<p>Minutes of staff meetings should be retained and be available at inspection.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>This has been noted and will be implemented moving forward.</i></p>

*\*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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