

# Announced Care Inspection Report 10 May 2017



## Boyd Logue Associates

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 95 Eglinton Street, Portrush BT56 8DZ**  
**Tel No: 028 7082 5000**  
**Inspector: Stephen O'Connor**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Boyd Logue Associates, Portrush took place on 10 May 2017 from 14:00 to 15:55.

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.

Amaris (North Coast) Ltd operates two dental practices; Boyd Logue Associates, Portrush and Boyd Logue Associates, Coleraine. Mr Christopher Bloomer is the registered person for Amaris (North Coast) Ltd. Some information pertaining to this inspection was reviewed at the Boyd Logue Associates, Coleraine practice as part of the inspection process.

### **Is care safe?**

Observations made, review of documentation and discussion with Mrs Lisa Mairs, registered manager and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. A recommendation has been made to review the dental handpieces available to establish if any are compatible with processing in the washer disinfectant. All compatible handpieces should be processed in the washer disinfectant.

### **Is care effective?**

Observations made, review of documentation and discussion with Mrs Mairs 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 Mrs Mairs 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>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Lisa Mairs, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent pre-registration care inspection on 26 August 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Amaris (North Coast) Ltd Mr Christopher Bloomer	<b>Registered manager:</b> Mrs Lisa Mairs
<b>Person in charge of the practice at the time of inspection:</b> Mrs Lisa Mairs	<b>Date manager registered:</b> 11 May 2017
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 1

Prior to the inspection a full and complete registered manager application was submitted to RQIA in respect of Mrs Lisa Mairs. Following the inspection the registered manager application was approved with effect from 11 May 2017.

### 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
- returned completed patient and staff questionnaires

During the inspection the inspector met with Mrs Lisa Mairs, registered manager, an associate dentist 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 2016

The most recent inspection of the establishment was an announced pre-registration 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 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 15 (1) (b) <b>Stated:</b> First time	Review the procedure for undertaking and recording periodic tests results for all equipment used during the decontamination process to ensure that machine logbooks and recording or periodic tests is in keeping with HTM 01-05.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of the equipment logbooks evidenced that all periodic tests as outlined in Health Technical Memorandum (HTM) 01-05 have been undertaken and recorded.</p>	
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<p><b>Recommendation 1</b> <b>Ref:</b> Standard 12.1 <b>Stated:</b> Second time</p>	<p>It is recommended that a protocol is developed outlining the procedure to be followed in relation to accessing and using the automated external defibrillator (AED) located in the local health centre.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Following the pre-registration care inspection the practice purchased an AED and staff have been trained in its use.</p>	
<p><b>Recommendation 2</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time</p>	<p>The critical examination report for the newly installed intra-oral x-ray machine should be shared with the appointed RPA. Records should be retained to confirm that any recommendations made by the RPA have been addressed.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> It was confirmed that the critical examination report for the newly installed intra-oral was shared with the radiation protection advisor (RPA). Review of the most recent RPA report evidenced that all recommendations made within the report have been addressed.</p>	

#### 4.3 Is care safe?

##### Staffing

One dental surgery is 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.

Staff induction is managed from the Coleraine practice. Mrs Mairs confirmed that new staff are orientated to the layout of the building and given copies of the practice policies and procedures and staff competencies. However, there was no formal record retained to confirm the topics discussed during induction. A recommendation has been made to address this in the Coleraine report.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

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**

Staff recruitment is managed from the Coleraine practice and staff are recruited to provide cover across both the Coleraine and Portrush practices. Staff personnel files are retained at the Coleraine practice. A review of the submitted staffing information and discussion with Mrs Mairs confirmed that one staff member has commenced work in the Portrush practice since the previous inspection. The recruitment records for the identified staff member were reviewed during the Coleraine inspection carried out on the morning of this inspection and two requirements have been made in the Coleraine report. One requirement relates to retaining documentation as outline in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 and one related to undertaking and receiving AccessNI enhanced disclosure checks prior to commencement of employment.

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

### **Safeguarding**

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

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Review of records confirmed that the safeguarding lead has completed Level 2 training in safeguarding adults in keeping with regional best practice guidance.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise, were included. Mrs Mairs confirmed that the safeguarding lead in the practice has updated the policies to ensure they fully reflect regional policies and procedures.

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

A discussion took place in relation to the 'Adult Safeguarding Operational Procedures' (September 2016). Mrs Mairs agreed to ensure the operational procedures are implemented within the practice.

## **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. It was observed that the walls in the dental surgery are wallpapered. This is not in keeping with best practice guidance. Mrs Mairs is aware that the use of wallpaper should be avoided when the surgery is being refurbished.

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. The decontamination room is a walk through room that staff need to pass through in order to access the staff kitchen. It was confirmed during discussions that the decontamination room is not used as a walk through room when the decontamination of reusable dental instruments is in progress.

Appropriate equipment, including a washer disinfectant and a steam steriliser, have 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.

Discussion with staff evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05, with the exception of dental handpieces which are manually cleaned prior to sterilisation. The inspector did not review any handpieces to ascertain if any of them were compatible with processing in the washer disinfectant. Processing of handpieces was discussed with Mr Bloomer and Mrs Mairs who were advised to refer to the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015 issued to all dental practices by the DHSSPS. A recommendation has been made to review the handpieces available in the practice to ascertain if any are compatible with processing in the washer disinfectant. Compatible handpieces should be processed in the washer disinfectant.

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 March 2017.

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

## **Radiography**

The practice has one surgery 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 and x-ray audits.

A copy of the local rules was on display near the 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.

Mrs Mairs confirmed that the newly installed intra-oral x-ray machine is still under manufacturer's warranty and that it will be serviced and maintained in keeping 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 fair standard of maintenance and décor.

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



Arrangements are in place for maintaining the environment to include the routine servicing of the fire detection system; firefighting equipment; intruder alarm; portable appliance testing (PAT) of electrical equipment; and the inspection of fixed electrical wiring installations.

It was confirmed that both the fire and legionella risk assessments have been completed by external organisations and that arrangements are in place to ensure these risk assessments are reviewed on an annual basis.

Review of records confirmed that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels.

It was 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**

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

- “I feel very safe and protected. I feel they go above and beyond to make it a good experience.”
- “All staff excellent.”
- “Well received.”
- “Yes very cheerful ad helpful staff.”

Three staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and indicated that 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 for improvement**

All handpieces available in the practice should be reviewed to identify any handpieces that are compatible with processing in the washer disinfecter. If compatible handpieces are identified they should be processed in the washer disinfecter.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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**4.4 Is care effective?**

**Clinical records**

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

The associate dentist confirmed that 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.

Manual records are maintained. It was confirmed that an electronic record system will be installed in the weeks following the inspection. Electronic records will have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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

## **Health promotion**

The practice has a strategy for the promotion of oral health and hygiene. The associate dentist confirmed that oral health is actively promoted on an individual level with patients during their consultations. Information leaflets and demonstration models are available for use during oral health and hygiene discussions. It was confirmed that, if required, patients are referred to the hygienist in the Coleraine practice. It was confirmed that a range of products are available for purchase in the practice and samples of toothpaste are freely distributed to patients. The practice has a website and Facebook page both of which include information in regards to oral health and 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
- IPS HTM 01-05 compliance
- treatment audits

## **Communication**

The associate dentist confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Staff meetings are held in the Coleraine practice. 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 13 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All 13 patients indicated that they were very satisfied with this aspect of the service. Comments provided included the following:

- “I’m always given options and fully listened to.”
- “All my concerns were satisfied.”
- “1<sup>st</sup> class.”
- “As can be seen by my answers here I am completely satisfied with the treatment I have received from a very pleasant staff who put you at ease.”

All three 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. Two staff indicated that they were very satisfied with this aspect of the service and one indicated that they were satisfied. 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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**4.5 Is care compassionate?**

**Dignity, respect and involvement in decision making**

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

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This 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 dated April 2017 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 13 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All 13 patients indicated that they were very satisfied with this aspect of the service. Comments provided included the following:

- “Very respectful and friendly. Feel very protected and privacy is good.”
- “Again 1<sup>st</sup> class.”

All three 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. All three staff indicated that they were very satisfied with this aspect of the service. 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. Mrs Mairs confirmed that Mr Bloomer, registered person, does not do any clinical work in the Portrush practice and that she visits the practice at least on a weekly basis. It was confirmed that the associate dentist is the nominated individual with overall responsibility for the day to day management of the practice and that Mr Bloomer and Mrs Mairs are available to contact by telephone should advice and support be required.

As discussed, prior to the inspection a full and complete registered manager application was submitted to RQIA in respect of Mrs Lisa Mairs. Following the inspection the registered manager application was approved with effect from 11 May 2017.

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 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.

Mrs Mairs 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.

Mrs Mairs, registered manager, 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 13 patients who submitted questionnaire responses indicated that they felt that the service is well managed. All 13 patients that they were very satisfied with this aspect of the service. Comments provided included the following:

- "Very happy about how it is led."
- "Very efficient."

All three submitted staff questionnaire responses indicated that they felt that the service is well led. Two staff indicated that they were very satisfied with this aspect of the service and one indicated that they were satisfied. 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 Mrs Lisa Mairs, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## Quality Improvement Plan

### Recommendations

**Recommendation 1**

**Ref:** Standard 13.4

**Stated:** First time

**To be completed by:**  
10 June 2017

All handpieces available in the practice should be reviewed to identify any handpieces that are compatible with processing in the washer disinfectant. If compatible handpieces are identified they should be processed in the washer disinfectant.

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

All handpieces suitable to go through the washer disinfectant have been identified and will go through this process.

*\*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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