



The Regulation and  
Quality Improvement  
Authority

Dental Excellence, Portadown  
RQIA ID: 14406  
45 Thomas Street  
Portadown  
BT62 3AF

Inspector: Emily Campbell  
Inspection ID: IN21229

Tel: 028 3833 2656

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**Announced Care Inspection  
of  
Dental Excellence, Portadown**

**16 April 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced care inspection took place on 16 April 2015 from 9.50am to 1.45pm. Overall on the day of the inspection the management of medical emergencies was found to be generally safe, effective and compassionate. Improvements in recruitment and selection procedures are necessary to ensure care is safe, effective and compassionate. Complaints management and patient satisfaction questionnaires are in need of further development and one outstanding issue from the previous inspection also needs to be addressed. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

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) Regulation 2011, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 11 September 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	9

The details of the QIP within this report were discussed with Ms Anne Crawley, acting registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Stunning Smiles Ltd – Mr Khalid Hussain	<b>Registered Manager:</b> Ms Anne Crawley (Acting)
<b>Person in Charge of the Practice at the Time of Inspection:</b> Ms Anne Crawley	<b>Date Manager Registered:</b> 1 April 2015
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 5

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: staffing information, patient consultation report, and complaints declaration.

During the inspection the inspector met with one dentist, three dental nurses and a receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment, and three patient medical histories.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 11 September 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 11 September 2014

Last Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref: Regulation 15 (7)</b></p> <p><b>Stated: First time</b></p>	<p>The inoculation incidents at the practice should be appropriately investigated to establish the route cause and ensure any change to practice is implemented and learning shared.</p> <p>Cognisance should be given to national and best practice guidance when undertaking this review.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The practice policy now reflects that any needles used must be disposed of by the user, in keeping with best practice and discussion with staff confirmed that this has been implemented. There have been no inoculation injuries since the implementation of the new policy.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref: Regulation 15 (7)</b></p> <p><b>Stated: First time</b></p>	<p>Ensure that:</p> <ul style="list-style-type: none"> <li>• sufficient numbers of mops which are colour coded are provided to ensure appropriate cleaning in the various locations;</li> <li>• mop buckets are maintained in a clean state; and</li> <li>• suitable storage arrangements are made for mops and buckets to ensure they are not exposed to the elements and that they can be inverted to dry.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations made confirmed that this requirement has been addressed.</p>	<b>Met</b>
<p><b>Requirement 3</b></p> <p><b>Ref: Regulation 15 (2) (b)</b></p> <p><b>Stated: First time</b></p>	<p>The following should be addressed in relation to decontamination equipment logbooks and periodic testing:</p> <ul style="list-style-type: none"> <li>• Periodic tests should be undertaken and recorded for the sterilisers as outlined in</li> </ul>	<b>Met</b>

	<p>HTM 01-05;</p> <ul style="list-style-type: none"> <li>• Weekly safety checks for the washer disinfecter should be recorded; and</li> <li>• The information about the equipment specifics should be entered at the beginning of the logbooks.</li> </ul>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of equipment logbooks and discussion with staff confirmed that logbooks are appropriately completed and periodic tests undertaken and recorded for all decontamination equipment.</p>	
<b>Last Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b></p> <p><b>Ref: Standard 13</b></p> <p><b>Stated: Second time</b></p>	<p>The overflow of the stainless steel hand washing sink should be “blanked off” using a stainless steel plate and sealing it with anti-bacterial mastic.</p> <p>This principal should be applied to stainless steel hand washing basins in dental surgeries.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations made in the decontamination room and a dental surgery evidenced that the overflows of hand washing basins have been blanked off. Ms Crawley confirmed that they had also been blanked off in the remaining surgeries.</p> <p>It was observed that the overflows of the washing and rinsing sinks in the decontamination room had also been blanked off. Ms Crawley was advised to remove these in the interest of health and safety to prevent accidental flooding.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref: Standard 13</b></p> <p><b>Stated: First time</b></p>	<p>Sharps boxes should be signed and dated on assembly.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations of the sharps boxes in one dental</p>	<p><b>Met</b></p>

	surgery evidenced that this recommendation has been addressed. Staff confirmed that all sharps boxes are signed and dated on assembly.	
<b>Recommendation 3</b> <b>Ref: Standard 13</b> <b>Stated: First time</b>	<p>The policy and procedure in place for cleaning and maintaining the environment should be further developed to include the arrangements for the general environment including the contracted cleaning arrangements.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>This recommendation had not been addressed at the time of the inspection. However, Ms Crawley emailed a revised policy and procedure for cleaning and maintaining the environment, to the inspector on 20 April 2015, which was found to be clear and comprehensive in relation to the arrangements in the practice.</p>	<b>Met</b>
<b>Recommendation 4</b> <b>Ref: Standard 13</b> <b>Stated: First time</b>	<p>The light pull cord in the decontamination room should be replaced and maintained clean.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The light pull cord had wipeable tubing placed over the distal end to facilitate easy cleaning. However, the light pull cord had not been replaced and was dirty in appearance.</p> <p>This recommendation has been stated for the second time.</p>	<b>Not Met</b>
<b>Recommendation 5</b> <b>Ref: Standard 13</b> <b>Stated: First time</b>	<p>Flooring in clinical and decontamination areas should be sealed at the edges and where cabinetry meets the flooring.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of the decontamination room and one dental surgery evidenced that the flooring had been appropriately sealed. Ms Crawley confirmed that this had also been addressed in the remaining surgeries.</p>	<b>Met</b>

### 5.3 Medical and other emergencies

#### Is Care Safe?

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 the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF). The Glucagon medication, which is not stored in the fridge, did not identify a revised expiry date of 18 months from the receipt of the medication, in accordance with manufacturer's guidance. A recommendation was made regarding this matter at the pre-registration inspection on 18 July 2012 and was assessed as compliant during the announced inspection on 13 February 2013, however, this improvement has not been sustained as evidenced during this inspection. Mrs Crawley was advised that the current format of buccal midazolam should be replaced on expiry with Buccolam as recommended by the Health and Social Care Board (HSCB). Emergency equipment, in general, as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. There is no portable suction available and scissors and a razor need to be provided to support the use of the recently provided automated external defibrillator (AED).

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

Discussion with staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be generally safe, however, improvements suggested will further enhance this.

#### Is Care Effective?

The policy for the management of medical emergencies reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

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 practice policies and procedures.

Discussion with staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be effective.

## Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

## Areas for Improvement

More robust arrangements are needed to ensure that the correct expiry date is identified in respect of the Glucagon medication.

Medical emergency equipment should be further supplemented in keeping with best practice guidance.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>2</b>
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## 5.4 Recruitment and selection

### Is Care Safe?

There were protocols in place as process guidance for recruitment, however, there was no overarching recruitment and selection policy available.

Three personnel files of staff recruited since registration with RQIA were requested for examination. One file was not available in the practice, although, evidence of GDC registration and professional indemnity insurance in respect of the individual was provided during the inspection and details of the enhanced AccessNI disclosure was provided on 7 May 2015. Of the remaining two personnel files, the following was noted:

- positive proof of identity, including a recent photograph was available in one of the two files
- evidence that an enhanced AccessNI check was received;
- no written references in either file;
- details of full employment history, including an explanation of any gaps in employment in only one of the two files;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- criminal conviction declaration on application in one of the two files;
- no confirmation that the person is physically and mentally fit to fulfil their duties in either file; and
- evidence of professional indemnity insurance, where applicable.



It was noted that the enhanced AccessNI checks, in respect of the three staff, were received after staff commenced work in the practice and that the original disclosure certificates were retained in the two staff files reviewed. Enhanced AccessNI checks must be received prior to any new staff commencing work in the practice and disclosure certificates must be handled in keeping with the AccessNI code of practice.

A staff register was not retained 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.

Ms Crawley confirmed that a system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. However, records were not retained to evidence this in respect of all staff who require it. In addition there was no evidence to confirm that GDC registration is renewed in respect of dentists and other self-employed registered dental professionals.

Overall on the day of the inspection it was identified that recruitment and selection procedures are in need of further development to ensure they are safe.

### **Is Care Effective?**

As discussed previously, the practice's recruitment and selection procedures need further development to ensure they comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Two personnel files were reviewed. It was noted that only one file included a contract of employment/agreement and one file contained a job description.

Induction programme templates are in place relevant to specific roles within the practice. Of the two records examined, only one contained a copy of the staff member's induction programme.

Discussion with an associate dentist, three dental nurses and one receptionist confirmed that staff have been provided with a job description, contract of employment/agreement and have received induction training when they commenced work in the practice.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

Overall on the day of the inspection recruitment and selection procedures were found to be in need of further development to ensure they are effective.

### **Is Care Compassionate?**

Review of recruitment and selection procedures demonstrated further development is required to ensure practice is in line with legislative requirements.

Enhanced AccessNI checks had not been received until after commencing work in respect of personnel files examined. The importance of obtaining enhanced AccessNI checks prior to the commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Ms Crawley.

Discussion with staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

Overall on the day of the inspection recruitment and selection was found in the main to be compassionate. However, robust arrangements are needed in relation to enhanced AccessNI checks.

### **Areas for Improvement**

An overarching recruitment and selection policy should be developed and implemented reflecting best practice guidance to ensure that robust arrangements are in place.

Enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice and disclosure certificates must be handled in keeping with AccessNI's code of practice.

Personnel files should be retained in the practice in respect of all newly recruited staff, ensuring the relevant information is included.

A staff register should be established.

A robust system should be established to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover and the GDC registration status.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>5</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Staff Consultation/Questionnaires**

During the course of the inspection, the inspector spoke with an associate dentist, three dental nurses and a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eleven were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a job description and contract of employment/agreement on commencing work in the practice. However, one staff member stated they had not been issued with a contract of employment. This was discussed with Ms Crawley who agreed to follow up on this matter. Staff also confirmed that induction programmes are in place for new staff which includes the

management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

### **5.5.2 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. One complaint was received during the period 1 January 2014 to 31 March 2015. Review of the complaint investigation evidenced that it lacked detail of the investigation or outcome and there was no formal response to the complainant. A requirement was made that robust arrangements should be established to ensure that the management of complaints include the details of the investigation, the outcome of the investigation and action taken for service improvement and the satisfaction of the complainant.

### **5.5.3 Patient consultation**

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

Review of the most recent patient satisfaction report evidenced that questionnaires lacked any information on the standard/quality of treatment, explanation of treatment plans or costs. A recommendation was made that the current patient satisfaction questionnaires should be further developed to include these matters.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Crawley, acting registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

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

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered person/manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person(s) from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person(s) with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

## Quality Improvement Plan

Statutory Requirements	
<p><b>Requirement 1</b></p> <p><b>Ref: Regulation 19 (2) Schedule 2</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 16 April 2015</b></p>	<p>The registered person(s) must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>any new employee will be unable to commence working with us until receipt of satisfactory access NI. Will be asked to give current job 4-6 weeks notice</p>
<p><b>Requirement 2</b></p> <p><b>Ref: Regulation 23 (1) (3)</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 17 May 2015</b></p>	<p>The registered person(s) must ensure that robust arrangements are established to ensure that the management of complaints include the details of the investigation, the outcome of the investigation and action taken for service improvement and the satisfaction of the complainant.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>All complaints should have been acknowledged within timescale as per protocol. Training provided and manager to be made aware of any complaints to ensure correct procedures followed</p>
Recommendations	
<p><b>Recommendation 1</b></p> <p><b>Ref: Standard 13</b></p> <p><b>Stated: Second time</b></p> <p><b>To be Completed by: 16 June 2015</b></p>	<p>The light pull cord in the decontamination room should be replaced and maintained clean.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>replaced</p>
<p><b>Recommendation 2</b></p> <p><b>Ref: Standard 12</b></p> <p><b>Stated: Second time</b></p> <p><b>To be Completed by: 17 May 2015</b></p>	<p>It is recommended that a revised expiry date of 18 months from receipt of the medication should be marked on the Glucagon medication.</p> <p>It is recommended that arrangements are established to ensure that staff are aware of the need to identify and record a revised expiry date in respect of Glucagon medication.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>re-enforced as had been previously done and amended as per guidelines</p>

<p><b>Recommendation 3</b></p> <p><b>Ref: Standard 12</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 17 May 2015</b></p>	<p>It is recommended that portable suction should be provided.</p> <p>Scissors and a razor should be provided for use with the automated external defibrillator (AED).</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>all above purchased</p>
<p><b>Recommendation 4</b></p> <p><b>Ref: Standard 11</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 16 July 2015</b></p>	<p>It is recommended that an overarching recruitment and selection policy reflecting best practice guidance should be developed.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>currently in progress</p>
<p><b>Recommendation 5</b></p> <p><b>Ref: Standard 11</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 16 April 2015</b></p>	<p>It is recommended that staff personnel files for any newly recruited staff should contain the following:</p> <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph;</li> <li>• details of the enhanced AccessNI disclosure;</li> <li>• two written references, one of which should be from the current/most recent employer;</li> <li>• details of a 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;</li> <li>• evidence of professional indemnity insurance, where applicable;</li> <li>• copy of job description and contract of employment; and</li> <li>• induction programme.</li> </ul> <p>Personnel records for all staff should be retained in the practice and be available for inspection.</p> <p>It is recommended that positive proof of identity, including a recent photograph should be obtained in respect of staff employed since registration of the practice with RQIA.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>files updated</p>

<b>Recommendation 6</b> <b>Ref: Standard 11</b> <b>Stated: First time</b> <b>To be Completed by:</b> <b>17 May 2015</b>	It is recommended that enhanced AccessNI disclosure certificates must be disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the check.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b>  action completed		
<b>Recommendation 7</b> <b>Ref: Standard 11</b> <b>Stated: First time</b> <b>To be Completed by:</b> <b>17 May 2015</b>	It is recommended that a staff register should be 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.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b>  		
<b>Recommendation 8</b> <b>Ref: Standard 11</b> <b>Stated: First time</b> <b>To be Completed by:</b> <b>17 May 2015</b>	It is recommended that a robust system should be established to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover.		
	In addition a system should be established to confirm that GDC registration is renewed in respect of dentists and other self-employed registered dental professionals  <b>Response by Registered Manager Detailing the Actions Taken:</b>  implemented		
<b>Recommendation 9</b> <b>Ref: Standard 9.2</b> <b>Stated: First time</b> <b>To be Completed by:</b> <b>16 July 2015</b>	It is recommended that patient satisfaction questionnaires should be further developed to include feedback from patients in relation to the standard/quality of treatment, explanation of treatment plans and costs.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b>  in production		
<b>Registered Manager Completing QIP</b>	Danielle Dillon	<b>Date Completed</b>	9.6.15
<b>Registered Person Approving QIP</b>	Khalid Hussain	<b>Date Approved</b>	17.6.15
<b>RQIA Inspector Assessing Response</b>	<b>Emily Campbell</b>	<b>Date Approved</b>	<b>18.6.15</b>

*\*Please ensure the QIP is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**

Please provide any additional comments or observations you may wish to make below: