

Announced Care Inspection Report 19 February 2018



Crutchley R. J. Dental Practice

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

Address: 48 Castlereagh Road, Belfast BT5 5FP

Tel no: 028 9045 9018

Inspector: Norma Munn

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with two registered places.

3.0 Service details

Organisation/Registered Provider: Mr Richard Crutchley	Registered Manager: Mr Richard Crutchley
Person in charge at the time of inspection: Mr Richard Crutchley	Date manager registered: 24 January 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Inspection summary

An announced inspection took place on 19 February 2018 from 10.00 to 13.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

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

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of recruitment and radiology. Other examples included health promotion, and engagement to enhance the patients' experience.

One area for improvement against the regulations made for the second time as a result of the previous inspection, in relation to the ventilation system in the decontamination room, had not been addressed and has been stated for the third and final time. Six areas requiring improvement against the standards were identified. These relate to the provision of safeguarding training, updating the safeguarding policies, the provision of paediatric pads for use with the automated external defibrillator (AED), the validation of decontamination equipment, the decontamination of dental handpieces and the provision of fire awareness training.

All of the patients who submitted questionnaire responses to RQIA indicated that they were very satisfied with all aspects of care in this service. The following comment was provided in a submitted questionnaire response:

- “Very nice staff always put you at ease.”

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	6

Details of the Quality Improvement Plan (QIP) were discussed with Mr Crutchley, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 6 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 March 2017.

5.0 How we inspect

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

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

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

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

During the inspection the inspector met with Mr Crutchley, registered person, one dental nurse and one trainee dental nurse. A tour of some areas of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection

- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 March 2017

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

6.2 Review of areas for improvement from the last care inspection dated 6 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Requirement 1 Ref: Regulation 25 (1) Stated: Second time	The registered person must ensure that the ventilation system in the decontamination room is in keeping with best practice guidance as outlined in HTM 01-05.	Not Met
	Action taken as confirmed during the inspection: The ventilation system observed in the decontamination room was not in keeping with best practice guidance. Mr Crutchey advised that due to the layout and design of the decontamination room the installation of a make-up ventilation system is still proving challenging.	

	<p>Following the inspection RQIA received confirmation that the new ventilation system is to be installed on 23 March 2018.</p> <p>Although actions have been taken to progress this area for improvement, compliance could not be demonstrated during the inspection, therefore this area for improvement has been stated for the third and final time.</p>	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Recommendation 1 Ref: Standard 11 Stated: First time	Staff appraisal should be formalised and carried out with each staff member on an annual basis. Records should be retained.	Met
	Action taken as confirmed during the inspection: A review of documentation and discussion with staff confirmed that appraisals had taken place during April 2017 and records had been retained.	

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

Two dental surgeries are available in this practice however, only one surgery is routinely used. 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.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within the practice.

As discussed a review of documentation and discussion with staff confirmed that appraisals had taken place during April 2017 and records had been retained. 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. However, not all staff had received training in safeguarding children and adults and fire awareness. This is discussed further within the report.

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 Crutchley confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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

Safeguarding

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

Review of records demonstrated that not all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. An area for improvement has been made in this regard.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies did not include all of the types and indicators of abuse in respect of children and adults, and did not fully reflect regional policies and procedural guidance. An area for improvement against the standards has been made in this regard.

It was confirmed that copies of the regional policy 'Co-operating to Safeguard Children and Young People in Northern Ireland' and the regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' were both available for staff reference. Following the inspection, the most up to date safeguarding information was forwarded to the practice in respect of both adults and children, including email links to the regional safeguarding policies and procedural 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). A discussion took place regarding the procedure for the safe administration of Buccolam and the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) and the BNF. Following the inspection RQIA received confirmation that the supply of Buccolam had been increased. Mr Crutchley has given assurances that in the event of a medical emergency Buccolam will be administered as recommended by the HSCB and the BNF.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of paediatric pads for use with the AED. This was discussed with Mr Crutchley and an area for improvement against the standards has been made.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, one of the airways had exceeded the expiry date. Mr Crutchley

agreed to replace the expired airway and include the airways in the checking procedures. 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. It was advised that all disposable hand towels in the patient's toilet and clinical areas should be provided in wall mounted dispensers in keeping with best practice. Mr Crutchley has agreed to action this.

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.

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. As previously discussed in section 6.2, the ventilation system in the decontamination room was not in keeping with best practice guidance and this area for improvement against the regulations has been stated for the third and final time. Following the inspection RQIA received a detailed account of the actions Mr Crutchley has taken to address this issue and assurances have been given that the new ventilation system is to be installed on 23 March 2018.

Appropriate equipment, including a washer disinfectant and a steam steriliser had been provided to meet the practice requirements. A review of documentation evidenced that the equipment used in the decontamination process had not been validated since December 2016. The dental nurse confirmed that a date had been arranged to validate the equipment on 6 March 2018. This was discussed with the dental nurse and an area for improvement against the standards has been made that a more robust system is implemented to ensure that all decontamination equipment is validated annually.

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. The dental nurse confirmed that reusable dental handpieces were being manually cleaned prior to sterilisation. Best practice outlines that all reusable compatible dental instruments should be cleaned and sterilised using an automated process. There was no evidence to confirm that the handpieces were not compatible with processing in a washer disinfecter. Processing of handpieces was discussed with the staff who were advised to refer to the Professional Estates Letter (PEL) 13 (13), dated 24 March 2015 which was issued to all dental practices by the DHSSPS. An area for improvement under the standards has been made in this regard.

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 November 2017.

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. Mr Crutchley confirmed that only one of the x-ray machines is operational.

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 during February 2015 by the RPA demonstrated that the recommendations made have been addressed. The next RPA visit has been arranged to take place on 6 March 2018.

The x-ray equipment currently operational 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 fair standard of maintenance and décor. Wall paper was observed to be in use in clinical areas. This is not in keeping with best practice and Mr Crutchley has been advised that when the clinical areas are being refurbished the use of wall paper should be avoided. Mr Crutchley discussed plans to replace the carpeted area in the reception and waiting area.

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 that included the annual servicing of the firefighting equipment.

A legionella risk assessment had been undertaken and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and reviewed. Staff demonstrated that they were aware of the action to take in the event of a fire. A review of records evidenced that two members of staff had attended fire warden training. However, not all staff had attended fire awareness training within the past year. An area for improvement against the standards has been made in this regard.

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

Four patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care.

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

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, appraisal and radiology.

Areas for improvement

The ventilation system in the decontamination room should be in keeping with best practice guidance as outlined in HTM 01-05.

All staff should attend training in safeguarding of children and adults commensurate of their role in keeping with best practice guidance and in accordance with the Minimum Standards for Dental Care and Treatment 2011.

The safeguarding policies should be further developed to ensure they fully reflect regional and best practice guidance in respect of adults and children. The updated policies should be shared with staff.

Provide paediatric pads for use with the AED.

A more robust system should be implemented to ensure that all equipment used in the decontamination process is validated on an annual basis. The most recent validation certificates should be submitted to RQIA with the returned QIP.

The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13.

All staff should attend fire awareness training on an annual basis; a record should be kept in this regard.

	Regulations	Standards
Total number of areas for improvement	1	6

6.5 Is care effective?

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

Clinical records

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

Staff 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.

Both manual and computerised records are maintained Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent.

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. Mr Crutchley confirmed that oral health is actively promoted on an individual level with patients during their consultations. Information leaflets are available for use during discussion with patients in regards to oral health and hygiene. Free samples of toothpaste are distributed to patients.

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
- patient satisfaction

Communication

Staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a three monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal 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 of the patients who submitted questionnaire responses indicated they were very satisfied with this aspect of effective care.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity, respect and involvement in decision making

Staff 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 ensures that patients understand what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report undertaken during 2017 demonstrated that the practice proactively 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.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they were very satisfied with this aspect of compassionate care.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance arrangements

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

Mr Crutchley is the 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 2016 to 31 March 2017.

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 Crutchley 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 Crutchley demonstrated a clear understanding of his role and responsibility in accordance with legislation. 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 of the patients who submitted questionnaire responses indicated they were very satisfied with the well led aspect of the service

Both submitted staff questionnaire responses 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 of good practice

There were examples of good practice found in relation to management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 25 (1) Stated: Third and final time To be completed by: 19 April 2018	<p>The registered person must ensure that the ventilation system in the decontamination room is in keeping with best practice guidance as outlined in HTM 01-05.</p> <p>Ref: 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: Fitted on 23rd March 2018.</p>
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 15.3 Stated: First time To be completed by: 19 April 2018	<p>The registered person shall ensure that all staff attend training in safeguarding of children and adults commensurate of their role in keeping with best practice guidance and in accordance with the Minimum Standards for Dental Care and Treatment 2011.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: One member of staff completed training on 28/2/18, certificates forwarded to RQIA. Another member of staff to complete training by 19/4/2018.</p>
Area for improvement 2 Ref: Standard 15.3 Stated: First time To be completed by: 19 April 2018	<p>The registered person shall review and update the policies and procedures for the safeguarding of adults and children to fully reflect the regional policies and guidance documents.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Policy reviewed and updated on 28/2/2018...copy forwarded to RQIA.</p>
Area for improvement 3 Ref: Standard 12.4 Stated: First time To be completed by: 19 April 2018	<p>The registered person shall ensure that paediatric pads are provided for use with the automated external defibrillator (AED).</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Ordered on 23/3/18 and received on 30/3/2018.</p>

Area for improvement 4 Ref: Standard 14.4 Stated: First time To be completed by: 19 April 2018	<p>The registered person shall implement a more robust system to ensure that all equipment used in the decontamination process is validated on an annual basis. The most recent validation certificates should be submitted to RQIA with the returned QIP.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Validation was carried out on 6/3/2018...Certificates forwarded to RQIA. This Validation was originally due to be carried out on the 6/2/2018 but was cancelled by the engineer.</p>
Area for improvement 5 Ref: Standard 13.4 Stated: First time To be completed by: 20 February 2018	<p>The registered person shall review the procedure for the decontamination of dental handpieces to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: One handpiece has been taken out of use and all other handpieces processed in the washer disinfectant from 19/2/2018.</p>
Area for improvement 6 Ref: Standard 12.5 Stated: First time To be completed by: 19 April 2018	<p>The registered person shall ensure that all staff attend fire awareness training on an annual basis. A record should be retained in this regard.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: 2 members of staff had attended fire training on 16/1/18..Certificates seen by RQIA on 19/2/2018. 1 other member of staff completed fire training on 24/3/2018..Certificate forwarded to RQIA></p>

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



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