

Announced Care Inspection Report 20 October 2017



Stormont Dental Care Limited

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

Address: 502 Upper Newtownards Road, Belfast, BT4 3HB

Tel No: 02890653678

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

<p>Organisation/Registered Person: Stormont Dental Care Limited Mrs Louise Taggart</p>	<p>Registered Manager: Mrs Louise Taggart</p>
<p>Person in charge at the time of inspection: Mrs Louise Taggart</p>	<p>Date manager registered: 17 August 2012</p>

Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2
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4.0 Inspection summary

An announced inspection took place on 20 October 2017 from 10.00 to 13.30.

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 since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, the management of medical emergencies and infection prevention and control. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Two areas requiring improvement against the regulations were identified. One was in relation to the recruitment and selection of staff and one was in relation to the submission of an application of variation to RQIA in relation to the renovation and conversion work that has been undertaken since the previous inspection.

Two areas requiring improvement against the standards were identified. One was in relation to ensuring that a criminal conviction declaration is sought and retained for any new staff and one was in relation to the further development of the safeguarding policy.

Patients who submitted questionnaire responses to RQIA indicated they were very satisfied or satisfied with all aspects of care in the practice.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Louise Taggart, 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 09 November 2016

No further actions were required to be taken following the most recent inspection on 09 November 2016.

5.0 How we inspect

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

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

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

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

During the inspection the inspector met with Mrs Taggart, registered person and three dental nurses. A tour 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

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 09 November 2016

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

6.2 Review of areas for improvement from the last care inspection dated 09 November 2016

There were no areas for improvement made as a result of the last care inspection.

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

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of two evidenced that induction programmes had been completed when new staff joined the practice. Mrs Taggart was advised to ensure that the induction is signed and dated by both the inductor and inductee.

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

A review of the submitted staffing information and discussion with Mrs Taggart confirmed that four staff had been recruited since the previous inspection. A review of the personnel files for

these staff demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. A criminal conviction declaration had not been sought or retained for all four members of staff recruited. This was discussed with Mrs Taggart and information was sent to the practice following the inspection in relation to this. An area for improvement against the standards has been made in this regard.

A review of records evidenced that AccessNI enhanced disclosure checks had been received prior to the commencement of employment for the four new staff recruited. However, the AccessNI check for one of the staff was dated 2015. On enquiry Mrs Taggart confirmed that this staff member had previously worked in Stormont Dental Care and had left work and then returned to work in the practice the following year. It was confirmed that a new AccessNI enhanced disclosure check had not been undertaken when the identified member of staff returned to work in the practice. Mrs Taggart had sought advice on this matter and was not aware that a new AccessNI enhanced disclosure check needed to be undertaken. Mrs Taggart was advised that if staff leave employment and are reemployed by the practice then a new AccessNI enhanced disclosure check should be undertaken. An area for improvement against the regulations has been made in this regard.

Immediately following the inspection RQIA received confirmation that a new AccessNI enhanced disclosure check had been applied for in respect of the identified member of staff. Mrs Taggart provided assurances that the identified member of staff would be supervised until the details of the AccessNI enhanced disclosure check had been received by the practice. Following the inspection RQIA received confirmation on 1 November 2017 that a satisfactory AccessNI enhanced disclosure check had been received for the identified member of staff.

AccessNI disclosure certificates had been retained in two of the staff files reviewed which is not in keeping with the AccessNI's code of practice. Mrs Taggart agreed to ensure that all AccessNI certificates are handled in keeping with AccessNI's code of practice and has agreed to ensure that a record is retained of the dates the check was applied for and received, the unique identification number and the outcome. Following the inspection RQIA received confirmation that this issue had been addressed.

There was a recruitment policy and procedure available. A minor amendment was made to the policy on the day of the inspection. The revised 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 all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that the safeguarding lead has completed training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

One overarching policy was in place for the safeguarding and protection of adults and children at risk of harm. The policy included the some of the types and indicators of abuse. The relevant contact details for onward referral to the local Health and Social Care Trust should a

safeguarding issue arise were included. The policy reviewed did not fully reflect the regional policies and best practice guidance. An area for improvement against the standards has been made in this regard.

Copies of the regional policy 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016), the regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and the 'Adult Safeguarding Operational Procedures' (September 2016) were emailed to the practice following the inspection. Mrs Taggart has agreed to ensure that these documents are made available for staff reference.

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 in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB). Mrs Taggart has advised that she will ensure that Buccolam will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF.

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. The general waste disposal bins in the surgeries were not foot or sensor operated in keeping with best practice and Mrs Taggart agreed to address this issue.

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. Appropriate equipment, including a washer disinfectant and two steam sterilisers had been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was 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 October 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.

Mrs Taggart confirmed that the intra-oral x-ray machine in surgery two had been reinstalled following the renovation of the surgery. It was established that a critical examination had not been undertaken when the x-ray machine was reinstalled. Mrs Taggart was advised that this intra-oral x-ray machine should not be operational until the critical examination has been carried out, the report has been reviewed and endorsed by the Radiation Protection Advisor (RPA) and any recommendations made addressed. Immediately following the inspection Mrs Taggart confirmed that the critical examination had been carried out by the RPA and no recommendations had been made.

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

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

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

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

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

Environment

The environment was maintained to a good standard of maintenance and décor. The two surgeries had been completely refurbished to a high standard since the previous inspection. An application of variation to RQIA in relation to the renovation and conversion work undertaken had not been submitted to RQIA. This is discussed further in section 6.7 of this report.

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

Arrangements were in place for maintaining the environment that included the routine servicing and maintenance of the fire detection system, firefighting equipment and the relative analgesia (RA) Machine.

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

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

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

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and following the inspection it was confirmed that a written security policies had been put in place to reduce the risk of prescription theft and misuse.

Patient and staff views

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

- “I have always found the staff very pleasant and explain everything beforehand.”
- “Poor disabled assess.”
- “xxx always discusses the pros and cons of treatment but leaves the decision to me.”
- “xxx and staff are excellent.”

Six staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. One comment provided included the following:

- “Very efficient practice.”

Following the inspection Mrs Taggart confirmed that there is disabled access to both surgeries and the reception area with a ramp for access to the front door. The recent change to one of the surgeries has increased the access to patients with restricted mobility and there are future plans to improve the space around the reception area.

Mrs Taggart confirmed that the patient information leaflet includes information in relation to the restricted access to the bathroom facilities.

Areas of good practice

There were examples of good practice found in relation to, induction, training, appraisal, management of medical emergencies, infection prevention control and decontamination procedures.

Areas for improvement

AccessNI enhanced disclosure checks should be undertaken and received prior to any new staff commencing work in the future.

A criminal conviction declaration should be sought and retained for any new staff commencing work in the future.

The safeguarding policy for adults and children should be further developed to ensure it fully reflects regional and best practice guidance. The updated policy should be shared with staff.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Clinical records

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

It was 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. 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. A range of health promotion information leaflets were provided and oral health products were either freely distributed to patients or available to purchase. Staff confirmed that oral health is actively promoted on an individual level with patients during their consultations and patients can be referred to the hygienist service within the practice if required.

Audits

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records
- review of complaints/accidents/incidents
- patient medical histories

Communication

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

Staff meetings are held on a two to 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.

A breaking bad news policy in respect of dentistry was in place.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Thirteen patients indicated that they were very satisfied with this aspect of care and seven indicated that they were satisfied. One comment provided included the following:

- “I have always had plenty of information given to me before any work has been undertaken.”

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them and that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. One comment provided included the following:

- “Most organised practice I have worked in.”

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 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.

Patient and staff views

Nineteen patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care and one patient did not respond. Fourteen patients indicated that they were very satisfied with this aspect of care and five indicated that they were satisfied. Comments provided included the following:

- “I have always been treated with respect and having had implants on two occasions have been very well looked after and given options as to my treatment.”
- “xxx highly recommended.”
- “Absolutely, always first class.”

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care and that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. One comment provided included the following:

- “Every member of staff is very professional in how they work.”

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.

Mrs Taggart is the nominated individual with overall responsibility for the day to day management of the practice.

Mrs Taggart confirmed that during the recent refurbishment of two of the surgeries within the practice during July 2017 one of the surgeries had been made considerably larger by removing an internal wall. An application of variation to registration in relation to the conversion and renovation work undertaken had not been submitted to RQIA. Following the inspection documentation in relation to this was forwarded to Mrs Taggart for completion. An area of improvement against the regulations has been made to submit an application of variation to RQIA in relation to the renovation and conversion work that has been undertaken.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three 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.

Mrs Taggart 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 Taggart 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

Nineteen of the patients who submitted questionnaire responses indicated that they felt that the service is well led and one patient did not respond. Twelve patients indicated that they were very satisfied with this aspect of the service and seven indicated that they were satisfied. One comment provided included the following:

- “Everything very good and always helpful.”

All submitted staff questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. One comment provided included the following:

- “Management is very easy to go to and get matters dealt with.”

Areas of good practice

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

Areas for improvement

An application of variation should be submitted to RQIA in relation to the renovation and conversion work that has been undertaken.

	Regulations	Standards
Total number of areas for improvement	1	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 Mrs Taggart, 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 19 (2) Schedule 2, as amended Stated: First time To be completed by: 20 October 2017	The registered person shall ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff, commencing work in the future. Ref: 6.4
	Response by registered person detailing the actions taken: Completed
Area for improvement 2 Ref: Regulation 30 (h) Stated: First time To be completed by: 20 November 2017	The registered person shall submit an application of variation to RQIA in relation to the renovation and conversion work undertaken within the practice. Ref: 6.7
	Response by registered person detailing the actions taken: completed and approved
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 11.1 Stated: First time To be completed by: 20 December 2017	The registered person shall ensure that a criminal conviction declaration is sought and retained for any new staff, including self-employed staff, commencing work in the future. Ref: 6.4
	Response by registered person detailing the actions taken: new policy completed
Area for improvement 2 Ref: Standard 15.3 Stated: First time To be completed by: 20 December 2017	The registered person shall ensure that the safeguarding policy for adults and children is reviewed and further developed to fully reflect the regional policies and best practice guidance. The updated policy should be shared with staff. Ref: 6.4
	Response by registered person detailing the actions taken: completed

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



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