

# Announced Care Inspection Report 26 March 2018



## Crescent Dental Health

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

**Address: 10 Lower Crescent, Belfast, BT7 1NR**

**Tel no: 028 9024 6311**

**Inspector: Winifred Maguire**

[www.rgia.org.uk](http://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 providing NHS and private dental treatment. The dental practice is also registered to provide laser services.

### Lasers

Manufacturer:	Biolase
Model:	Epic 10 Diode Laser
Serial Number:	81503143
Laser Class:	4
Output Wavelength:	940nm (invisible infra-red)

Manufacturer: Biolase  
 Model: Waterlase iplus  
 Serial Number: 72150224  
 Laser Class: 4  
 Output Wavelength: 2780nm (invisible infra-red)

**Laser Protection Advisor (LPA)** - Simon Wharmby (Lasersafe)

**Medical Support Services** - Not applicable

**Laser Protection Supervisor (LPS)** - Mr James Hurson

**Authorised Operators** - Mr James Hurson

### Type of Treatments Provided

The Waterlase iplus is an all tissue laser that can be used on hard and soft tissue effectively to aid in a wide range of treatments; from treatment of gum disease to root filling, restorations and minor surgery.

The Biolase epic10 is a soft tissue laser and will be used for Low Level Laser Therapy (LLLT) as an adjunct to treatment to improve healing and provide pain relief.

### 3.0 Service details

<b>Organisation/Registered Person:</b> Mr James Hurson	<b>Registered Manager:</b> Mr James Hurson
<b>Person in charge at the time of inspection:</b> Mr James Hurson	<b>Date manager registered:</b> 03 December 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	<b>Number of registered places:</b> Two

### 4.0 Inspection summary

An announced inspection took place on 26 March 2018 from 10.00 to 12.45.

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 Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011) and DHSSPS Minimum Care Standards for Independent Healthcare Establishments (July 2014).

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 staff training and development, recruitment, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Five areas requiring improvement were identified against the standards in relation to updating safeguarding policies and safeguarding training; the servicing of the radiology equipment; the servicing of the laser equipment; and devising an incident policy.

Patients who submitted questionnaire responses indicated a high level of satisfaction with the services provided by Crescent Dental Health. Comments provided included:-

- "I am very satisfied with the treatment I receive from Crescent Dental Care."
- "Good service."
- "All of the staff are excellent. Have helped me overcome my fear of the dentist. I couldn't have a better dental practice."
- "An excellent and caring practice, very person centred."
- "I am 61. My dental hygiene and mouth have improved greatly. The dental care and treatment is second to none. Extremely pleased."

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
<b>Total number of areas for improvement</b>	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr James Hurson, 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 24 March 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 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 prior to the inspection by the practice on behalf of RQIA. Returned completed patient questionnaires were also analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. There were no completed staff questionnaire responses submitted to RQIA.

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

During the inspection the inspector met with Mr James Hurson, registered person and two 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

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 24 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 24 March 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area of improvement 1</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time	A copy of the most recent validation certificates for the equipment used in the decontamination process should be submitted to RQIA with the returned (Quality Improvement Plan) QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The most recent validation certificates for the equipment used in the decontamination process were available for 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 questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that induction programmes had been completed when new staff joined the practice.

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

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

### **Recruitment and selection**

A review of the submitted staffing information and discussion with Mr Hurson confirmed that one new member of staff had been recruited since the previous inspection. A review of the personnel file for this member of staff demonstrated that most of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained, with the exception of two written references. Following the inspection Mr Hurson confirmed that the two written references had been obtained for this member of staff.

There was a recruitment policy and procedure available. Minor suggestions were made to enhance the recruitment policy.

### **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 as outlined in the Minimum Standards for Dental Care and Treatment 2011. However, it was confirmed that the safeguarding lead and staff had not completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). Area of improvement was identified on this matter.

One overarching policy was in place for the safeguarding and protection of adults and children at risk of harm. The policy did not fully reflect current regional guidance. An area of improvement was identified against the standards to devise two separate policies for adult safeguarding and safeguarding children and young people. The following safeguarding guidance documents were forwarded to the practice to assist in the development of the safeguarding policies:-

- 'Co-operating to safeguard children and young people in Northern Ireland' (August 2017)
- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- Adult safeguarding Operational Procedures (September 2016)

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. It was noted that the portable oxygen cylinder had exceeded the expiry date. During the inspection, arrangements were made to have the oxygen cylinder serviced immediately. There was an identified individual with responsibility for checking emergency medicines and equipment.

Following the inspection Mr Hurson confirmed that the practice had purchased a new automated external defibrillator (AED) and staff would be undertaking training with regards to its use.

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.

Minor amendments were suggested in relation to the policy for the management of medical emergencies. An amended electronic copy of the policy was submitted to RQIA following the inspection. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

## **Infection prevention control and decontamination procedures**

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

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



It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed on 1 March 2018.

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. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

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 demonstrated that the recommendations made have been addressed. Mr Hurson confirmed he had arranged for a RPA visit on 9 April 2018.

An area of improvement was identified against the standards to ensure that the radiology equipment has been serviced and maintained in accordance with manufacturer's instructions and records retained of same.

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

## **Laser safety**

Laser procedures will be carried out by Mr Hurson who has extensive knowledge in the use of the dental laser systems. Laser treatment protocols have been developed by Mr Hurson to reflect the treatments undertaken and include:

- contraindications
- technique
- pre-treatment tests
- pre-treatment care
- post-treatment care
- recognition of treatment-related problems
- procedure if anything goes wrong with treatment
- permitted variation on machine variables
- procedure in the event of equipment failure

There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis.

The establishment has local rules in place which have been developed by their LPA on 10 June 2016. Systems are in place to review the local rules every three years.

The local rules cover:

- potential hazards associated with intense pulsed light
- controlled and safe access
- authorised operators' responsibilities
- methods of safe working
- safety checks
- personal protective equipment
- prevention of use by unauthorised persons
- adverse incident procedures

The name of the person who has overall on-site responsibility for safety during laser treatments is recorded within the local rules.

Laser operators are authorised to use the equipment and a register of authorised operators is maintained.

Mr Hurson is the only authorised operator and he has signed to state that he has read and understood the local rules.

The establishment has a laser register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

Mr Hurson and staff confirmed a health questionnaire and consent form is completed with all patients and retained within their individual care records.

Both lasers are located in surgery one, which was found to be controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

A laser safety warning sign was provided on the door of surgery one, to be displayed when the laser is in use and removed when not in use as described within the local rules.

When the equipment is in use, the safety of all persons in the controlled area is the responsibility of Mr Hurson, LPS.

Protective eyewear was available for the patient, operator and dental nurse as outlined in the local rules. It was advised to label the protective eyewear for patient, operator and dental nurse use.

The entrance door to surgery one has a suitable lock in place which allows the room to be accessed in the event of an emergency.

Arrangements are in place for the safe custody of the laser key for the Waterlase iplus, the laser key was observed to be stored safely and securely during the inspection. The Biolase epic10 is keypad operated with password protection.

There is a laser safety file in place.

There was no laser equipment servicing records in place. An area of improvement was identified against the standards to ensure that the laser equipment is serviced and maintained in line with the manufacturers' guidance and records retained of same.

## **Environment**

The environment was maintained to a good standard of maintenance and décor.

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

Arrangements are in place for maintaining the environment.

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.

A written scheme of examination of pressure vessels was in place dated 15 November 2017.

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**

Twelve 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.

There were no submitted staff questionnaire responses.

## **Areas of good practice**

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

## Areas for improvement

The safeguarding lead and staff must complete formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Devise two separate policies for adult safeguarding and safeguarding children and young people which should fully reflect current safeguarding guidance.

The radiology equipment must be serviced and maintained in accordance with manufacturer's instructions and records retained of same.

The laser equipment must be serviced and maintained in line with the manufacturers' guidance and records retained of same.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

### 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.

Mr Hurson 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 records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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

## Health promotion

The practice has a strategy for the promotion of oral health and hygiene. A dental hygienist also works in the practice and Mr Hurson confirmed that oral health is actively promoted on an individual level with patients during their consultations and that samples of toothpaste and mouth wash are given to patients. The practice is a member of the British Dental Health Foundation.

A range of oral health promotion leaflets were available at reception and the patients' waiting area. A range of oral healthcare products were also available to purchase.

### **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
- clinical audit

### **Communication**

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

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. 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 views**

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care.

### **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 ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

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

#### Patient views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care and were very satisfied with this aspect of care.

#### 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 James Hurson 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 an annual 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.

An informal system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. The practice did not have a written incident policy and an area of improvement was identified against the standards on this matter. 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.

It was 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 Hurson, registered person, demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient’s guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

**Patient views**

All patients who submitted questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service.

**Areas of good practice**

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

**Areas for improvement**

Devise a written incident policy which should include that notifiable events are investigated and reported to RQIA or other relevant bodies as appropriate.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**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 James Hurson, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15.3  <b>Stated:</b> First time  <b>To be completed by:</b> 26 June 2018	The registered person shall ensure that the safeguarding lead and staff complete formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> Safeguarding course is arranged in practice 13/06/2018 for all staff members run through NIMBTA
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 15.3  <b>Stated:</b> First time  <b>To be completed by:</b> 26 June 2018	The registered person shall devise two separate policies for adult safeguarding and safeguarding children and young people which should fully reflect current safeguarding guidance.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> Following the course we will produce the policies, these have been included in the course
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 14.4  <b>Stated:</b> First time  <b>To be completed by:</b>	The registered person shall ensure that the radiology equipment is serviced and maintained in accordance with manufacturer's instructions and records retained of same.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> Manufacturer contacted, radiograph machines examined by engineers

26 May 2018	as part of chair servicing carried out after the RQIA visit
-------------	---

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 14.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 May 2018</p>	<p>The registered person shall ensure that the laser equipment is serviced and maintained in line with the manufacturers' guidance and records retained of same.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Manufacturer contacted but no service is due at the moment</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 May 2018</p>	<p>The registered person shall devise a written incident policy which should include that notifiable events are investigated and reported to RQIA or other relevant bodies as appropriate.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Register has been set up and is in action</p>



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 @RQIANews