Announced Care Inspection Report
06 February 2018

D H Millar Dental Surgery

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 20 Church Place, Lurgan, BT66 6EY
Tel no: 028 3832 3113
Inspector: Winifred Maguire

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 one registered place providing NHS and private dental treatment.

3.0 Service details

Organisation/Registered Provider: DH Millar Dental Practice **Responsible Individual** Mr Damian Millar	**Registered Manager:** Mr Damian Millar
Person in charge at the time of inspection: Mr Damian Millar	**Date manager registered:** 30 May 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 1

4.0 Inspection summary

An announced inspection took place on 06 February 2018 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 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, health promotion and engagement to enhance the patients' experience.

Seven areas requiring improvement were identified against the standards in relation to adult safeguarding; infection prevention and control; radiology; and the use of closed circuit television.

Patients who submitted questionnaire responses to RQIA indicated a high level of satisfaction with the services provided by DH Millar Dental Practice. The following comment was provided:

- "Have attended a few other dentists before joining this practice, this is by far the best. Would not go to another dentist whilst this one is still operational."

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	0	7

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

Enforcement action resulted from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 12 October 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 October 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 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 questionnaires were analysed prior to the inspection. RQIA did not receive any completed staff questionnaires.

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

During the inspection the inspector met with Mr Millar, 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 12 October 2016

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 12 October 2016

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**
Area of improvement 1 **Ref**: Standard 11.8 **Stated:** First time	Establish formal annual staff appraisal which should be fully documented.	**Met**
	Action taken as confirmed during the inspection: Mr Millar has sought the assistance of an external human resource service to establish formal staff appraisals. The appraisal documentation has been developed and Mr Millar confirmed that the staff appraisals were scheduled in the coming weeks.	

Area of improvement 2 **Ref**: Standard 8.3 **Stated:** First time	All of the issues identified for action in the report of the most recent RPA visit should be addressed.	**Met**
	Action taken as confirmed during the inspection: A radiology protection advisor (RPA) visit had been conducted in January 2018 and Mr Millar was awaiting the report at the time of the inspection. Following the inspection Mr Millar submitted an electronic copy of the recommendation's page of the RPA report January 2018. All recommendations had been signed by Mr Millar has having been actioned.	
Area of improvement 3 **Ref**: Standard 8.3 **Stated:** First time	Establish an audit for justification and clinical evaluation of radiographs	**Met**
	Action taken as confirmed during the inspection: An audit for justification and clinical evaluation of radiographs had been conducted on 25 January 2018	
Area of improvement 4 **Ref**: Standard 11.6 **Stated:** First time	Staff meetings should be held at regular intervals and minutes of the meetings provided.	**Met**
	Action taken as confirmed during the inspection: Mr Millar confirmed he had sought the support of an external human resource service to conduct six monthly staff meetings and minutes of a staff meeting held in January 2018 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

One dental surgery is 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.

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. An area of improvement was identified against the standards in relation to including adult safeguarding as part of the induction programme.

As previously stated there were procedures in place for appraising staff performance and Mr Millar confirmed that appraisals were scheduled to take place in the coming weeks. 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 Mr Millar 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.

A recruitment policy and procedure was not available during inspection, however following the inspection, Mr Millar submitted to RQIA, an electronic copy of the recruitment policy. The policy was comprehensive and reflected best practice guidance.

Safeguarding

Staff were aware of the some 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. It was confirmed that the safeguarding lead and staff has not completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

A policy was in place for the safeguarding children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. The adult safeguarding policy and procedure was not in accordance to regional guidance.

An area of improvement was identified against the standards in relation to updating the adult safeguarding policy to be in line with regional guidance; and that all staff, including the safeguarding lead undertakes adult safeguarding training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Management of medical emergencies

A review of medical emergency arrangements evidenced that some emergency medicines were provided in keeping with the British National Formulary (BNF), and that some emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was noted that:

- the oxygen cylinder had exceeded its expiry date
- oropharyngeal airways size 0 to 4 were not available
- clear face masks for the self - inflating bag sizes 0 to 4 were not available
- paediatric pads for the automated external defibrillator were not available

Following the inspection RQIA received evidence that all of the above items have been replaced and are available in the practice.

It was noted that emergency medicines and emergency equipment were held in a plastic bag, it was advised a more robust and secure storage container should be utilised. Mr Millar gave assurances on this matter.

A 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. It was advised to ensure all checks are robust.

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. Sharp boxes were noted not to be dated on opening. An area of improvement was identified against the standards in relation to this matter.

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. The practice had been undergoing some redecoration and items had been removed from the walls to facilitate painting. As a result the wall mounted soap dispensers and the wall mounted disposable paper towel dispensers were not in place in the decontamination room. An area of improvement was identified against the standards in relation to this matter. Appropriate equipment, including a washer disinfector, a steam steriliser and a DAC Universal 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 for the washer disinfector and the steam steriliser. However there was no record of the periodic testing for the DAC Universal. Staff confirmed that the periodic testing for the DAC Universal had been carried out however had not been recorded in the past few months. An area of improvement was identified against the standards in relation to this matter.

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 July 2017.

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

Radiography

The practice has one surgery, which has an intra-oral x-ray machine.

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

It was not evident that rectangular collimation was in use in the practice. Mr Millar confirmed he did not use it at present as he was planning to undertake training on the use of rectangular collimation. The matter had been raised in the last RPA report and an area of improvement was identified against the standards in relation to Mr Millar arranging to undertake training on the use of rectangular collimation.

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. The report of the most recent visit on 28 January 2018 by the RPA was not available during inspection. However as stated previously, following the inspection Mr Millar submitted an electronic copy of the recommendation's page of the RPA report, January 2018. All recommendations had been signed by Mr Millar has having been actioned.

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 practice had undergone a redecoration programme and replacement of carpet in the corridor areas. Mr Millar confirmed that following a review of security for the practice closed circuit television had been installed. Following the inspection the practice was forwarded an electronic copy of the RQIA Guidance on the Use of Overt Closed Circuit Television (CCTV) for the Purposes of Surveillance in Regulated Establishments and Agencies. An area of improvement was identified against the standards in relation to ensuring the use of CCTV in the practice is in accordance with the above guidance

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 Mr Millar confirmed that the water temperatures are monitored and recorded as recommended. However the water temperature records from July 2017 to present date were not available for inspection. Following the inspection an electronic copy of the record of water temperatures from July 2017 to present date was submitted to RQIA.

A fire risk assessment had been undertaken on 17 January 2018. Mr Millar confirmed he was addressing the recommendations outlined in the risk assessment. 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 not available during the inspection. However an electronic copy was submitted to RQIA following the inspection.

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

Six 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. No comments were included in submitted questionnaire responses.

RQIA did not receive any staff questionnaire responses.

Areas of good practice

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

Areas for improvement

Adult safeguarding should be included as part of the induction programme.

The adult safeguarding policy should be amended to be in line with regional guidance; and all staff, including the safeguarding lead should undertake adult safeguarding training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Sharp boxes should be dated on opening.

Wall mounted soap dispensers and wall mounted disposable paper towel dispensers should be re-installed in the decontamination room.

A record of the periodic testing for the DAC Universal should be completed.

Mr Millar should arrange to undertake training on the use of rectangular collimation.

Ensure the use of CCTV in the practice is in accordance with the RQIA Guidance on the Use of Overt Closed Circuit Television (CCTV) for the Purposes of Surveillance in Regulated Establishments and Agencies

	Regulations	Standards
Total number of areas for improvement	0	7

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 Millar 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 range of health promotion information leaflets were available in the reception area. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations.

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 survey

Communication

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

Staff meetings are held on a six monthly basis to discuss clinical and practice management issues. Mr Millar confirmed that the staff meetings are chaired by an external human resource representative. 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

Six 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. 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 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

Six 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. 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 Millar 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.

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.

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 Millar 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 and staff views

Six 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. No comments were included in submitted questionnaire responses.

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

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 Millar, 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 Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 15.3 **Stated:** First time **To be completed by:** 6 April 2018	The registered person shall ensure that adult safeguarding is included as part of the induction programme. Ref: 6.4
	Response by registered person detailing the actions taken: Adult safeguarding has added to the induction program.
Area for improvement 2 **Ref**: Standard 15.3 **Stated:** First time **To be completed by:** 6 May 2018	The registered person shall ensure that the adult safeguarding policy is amended to be in line with regional guidance; and all staff, including the safeguarding lead undertakes training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). Ref: 6.4
	Response by registered person detailing the actions taken: Alternate Upgraded Adult Safeguarding training has been undertaken with Isopharm CPD.
Area for improvement 3 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 6 February 2018	The registered person shall ensure that sharp boxes are dated on opening. Ref: 6.4
	Response by registered person detailing the actions taken: Sharp Boxes are now dated on opening.

Area for improvement 4 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 6 March 2018	The registered person shall ensure that wall mounted soap dispensers and wall mounted disposable paper towel dispensers are re- installed in the decontamination room. Ref: 6.4
	Response by registered person detailing the actions taken: These have been reinstalled.
Area for improvement 5 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 6 February 2018	The registered person shall ensure that a record of the periodic testing for the DAC Universal is completed and retained for inspection. Ref: 6.4
	Response by registered person detailing the actions taken: A record of periodic testing is now in place
Area for improvement 6 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 6 July 2018	The registered person shall ensure that he arranges to undertake training on the use of rectangular collimation. Ref: 6.4
	Response by registered person detailing the actions taken: Suitable course still to be arranged.
Area for improvement 7 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 6 February 2018	The registered person shall ensure that the use of CCTV in the practice is in accordance with the RQIA Guidance on the Use of Overt Closed Circuit Television (CCTV) for the Purposes of Surveillance in Regulated Establishments and Agencies Ref: 6.4
	Response by registered person detailing the actions taken: CCTV is now in accordance with RQIA/Data Protection regulations.

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

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