

Announced Care Inspection Report 24 August 2017



John Gilleece at 438/03 Dental Studio

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

Address: 438 Lisburn Road, Belfast, BT9 6GR

Tel No: 028 9066 1688

Inspector: Norma Munn

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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 three registered places.

3.0 Service details

Organisation/Registered Providers: Mr John Gilleece and Mr Damien Flanagan	Registered Manager: Ms Hilary Wilson
Person in charge at the time of inspection: Mr John Gilleece	Date manager registered: 11 November 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Inspection summary

An announced inspection took place on 24 August 2017 from 10.00 to 13.25.

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, infection prevention and control and the management of medical emergencies. Other examples included health promotion and engagement to enhance the patients' experience.

Four areas of improvement under the regulations have been made. One area of improvement relates to ensuring that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained. Three areas of improvement relate to the servicing and maintenance of equipment in keeping with manufacturer's instructions.

One area of improvement under the standards has been made to undertake fire safety awareness training and fire drills.

Patients who submitted questionnaire responses to RQIA indicated they were very 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	4	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Gilleece, 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 29 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 July 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 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 Mr Gilleece, 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 29 July 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 29 July 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
Areas for Improvement 1 Ref: Standard 15.3 Stated: First time	<p>Refresher training in safeguarding adults at risk of harm and safeguarding children should be provided to all staff as outlined in the Minimum Standards for Dental Care and Treatment (2011).</p> <p>The new regional guidance should be included in the refresher training.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff demonstrated that an in-house training session had been undertaken during August 2016 and this included a discussion about the new regional guidance in relation to safeguarding. The training certificates reviewed did not include the contents of the training. Mr Gilleece was advised to ensure that all training records include the contents of the training provided. Mr Gilleece confirmed that all staff had attended training in safeguarding adults and children as outlined in the Minimum Standards for Dental Care and Treatment (2011).</p>	

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

Three 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.

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 Mr Gilleece confirmed that two 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.

There was no evidence that a criminal conviction declaration, written references, full employment history or confirmation that the person was physically and mentally fit to fulfil their duties had not been sought and retained. Mr Gilleece was advised that in respect of staff recruited in the future all records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained. An area of improvement under the regulations has been made in this regard.

The most recent recruitment policy and procedure was not available to review during the inspection. However the policy was submitted to RQIA following the inspection and was found to be 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.

As previously discussed a 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.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies 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.

It was confirmed that copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference. The 'Adult Safeguarding Operational Procedures' (September 2016) were emailed to the practice following the inspection. Mr Gilleece has agreed to ensure that this document is also 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an automated external defibrillator (AED). However Mr Gilleece confirmed that the practice has timely access to an AED, which is located nearby. Staff confirmed that the use of the AED is included in the annual medical emergency training. 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.

A policy for the management of medical emergencies was in place. 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 aware of 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 a steam steriliser has 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 August 2017.

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

Radiography

The practice has three surgeries, two of which have an intra-oral x-ray machine. In addition there is a cone beam CT scanner (CBCT) located in one of the surgeries.

Three dedicated radiation protection files contained the relevant local rules, employer's procedures and other additional information was retained. A review of the files 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 Mr Gilleece demonstrated that the recommendations made have been addressed.

There was evidence that the CBCT had been serviced in accordance with manufacturer's instructions. However, there was no evidence that the two intra oral x-ray machines had been serviced and maintained in accordance with manufacturer's instructions. RQIA received an email following the inspection from Mr Gilleece to confirm that this issue will be addressed on 20 September 2017. An area for improvement under the regulations has been made in this regard.

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. However issues were identified in relation to the servicing and maintenance of equipment that need to be addressed.

The arrangements in place for maintaining the environment were reviewed. It was not clear when the most recent occasion the portable appliance testing of electrical equipment (PAT) had been undertaken. Following the inspection RQIA received confirmation that this had been carried out on 8 September 2017. There was no evidence that the gas boiler or the relative analgesia (RA) machine had been serviced in keeping with the manufacturer's instructions as records were not available to review. An area for improvement under the regulations has been made in this regard.

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

A fire risk assessment had been undertaken. Staff demonstrated that they were aware of the action to take in the event of a fire. However, there was no evidence that fire training awareness had been undertaken and the most recent fire drill had been carried out during January 2016. An area for improvement under the standards has been made in this regard.

There was also no evidence that the pressure vessels had been inspected in keeping with the written scheme of examination. RQIA received an email on 7 September 2017 from Mr Gilleece to confirm that this issue will be addressed. An area for improvement under the regulations has been made in this regard.

Mr Gilleece 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

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

- "The practice is spotless."
- "All staff are helpful, polite and sympathetic towards their patients."
- "An exceptionally safe and friendly environment. The staff are very approachable and always put the patient first."

Three 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. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

All information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, should be sought and retained for all staff including self-employed staff who commence work in the future.

The two intra oral x-ray machines should be serviced and maintained in accordance with manufacturer's instructions.

The R A machine and the gas boiler should be serviced and maintained in keeping with manufacturer's instructions:

Fire safety training should be provided and fire drills undertaken on an annual basis.

All pressure vessels in the practice should be inspected in keeping with the written scheme of examination for pressure vessels and records retained.

	Regulations	Standards
Total number of areas for improvement	4	1

6.5 Is care effective?

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

Clinical records

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

Mr Gilleece also 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 records management policy was not reviewed during this inspection.

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. There was a range of health promotion leaflets available in the reception area. It was confirmed that oral health is

actively promoted on an individual level with patients during their consultations with the dentists and dental hygienist.

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
- review of complaints/accidents/incidents

Communication

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

Staff meetings are held on a regular 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 and were very satisfied with this aspect of care. Comments provided included the following:

- “xxx has given me excellent care and will always accommodate me when I have problems.”
- “Staff have always explained each aspect of my care at a level appropriate to my understanding.”

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 were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity, respect and involvement in decision making

Staff demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were aware of how 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.

Mr Gilleece confirmed that the practice undertakes patient satisfaction surveys on an annual basis. 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

All of the 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. Comments provided included the following:

- "Staff are always kind and compassionate towards me. They help me overcome my fears and concerns."
- "My treatment is always excellent and I am advised on any problems which I have had. The service is second to none."
- "This is the first time for me at this practice. I could not be happier with the service provided. The advice I have been given was excellent and the care 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 were very

satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance arrangements

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

Mr Gilleece, registered person, confirmed that he works in the practice on Monday, Tuesday, Thursday and Friday each week and Mr Flanagan, registered person, works in the practice on a Wednesday. Mr Gilleece has overall responsibility for the day to day management of the practice with the exception of Wednesday when Mr Flanagan has overall responsibility. They are supported by Mrs Wilson, registered manager.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent

communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr Gilleece 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 Gilleece demonstrated a clear understanding of his role and responsibility in accordance with legislation. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

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

- “The staff are motivated and well informed and my future care was discussed. I could not be happier with the service at this dental practice.”
- “The leadership in this dental practice is excellent; the management is brilliant and very informative. Always putting the patient first and this is very important. The reminder service they provide is outstanding and I feel a valued patient. “
- “Staff are highly knowledgeable and motivated in their work. Excellent service, well run surgery.”

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. 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 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 Gilleece, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons/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 persons 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 to Independent.Healthcare@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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: 24 August 2017	<p>The registered persons shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff including self-employed staff who commence work in the future.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This has been done</p>
Area for improvement 2 Ref: Regulation 15 (2) b Stated: First time To be completed by: 24 September 2017	<p>The registered persons shall ensure that intra oral x-ray machines are serviced and maintained in accordance with manufacturer's instructions.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: serviced on 20.09.2017</p>
Area for improvement 3 Ref: Regulation 15 (2) b Stated: First time To be completed by: 24 September 2017	<p>The registered persons shall ensure that the following equipment is serviced and maintained in keeping with manufacturer's instructions:</p> <ul style="list-style-type: none"> • the relative analgesia (RA) machine • the gas boiler <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Gas boiler serviced 29.09.2017 . RA machine serviced</p>
Area for improvement 4 Ref: Regulation 15 (2) b Stated: First time To be completed by: 24 September 2017	<p>The registered persons shall ensure that all pressure vessels in the practice are inspected in keeping with the written scheme of examination for pressure vessels and records retained.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This was organised 31.08.2017</p>

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p> <p>To be completed by: 24 September 2017</p>	<p>The registered persons shall ensure that fire safety training is provided and fire drills are undertaken on an annual basis. A record should be kept in this regard.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Fire drill was undertaken 20.09.2017</p>



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