

Announced Care Inspection Report 28 July 2016



Dental Solutions

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

Address: 23 Cherry Drive, Eglinton BT47 3US

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Inspector: Stephen O'Connor

www.rqia.org.uk

1.0 Summary

An announced inspection of Dental Solutions took place on 28 July 2016 from 09:55 to 12:50.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mr Gillan, registered person and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One recommendation made during the previous inspection in relation to staff personnel files has not been fully addressed and this has been stated for the second time. An additional three recommendations have been made in relation to the validation of decontamination equipment, the decontamination of dental handpieces and the local rules for the x-ray equipment.

Is care effective?

Observations made, review of documentation and discussion with Mr Gillan and staff demonstrated that in the main systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. A recommendation has been made in regards to x-ray audits.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Gillan and staff demonstrated that in the main arrangements are in place to promote patients' dignity, respect and involvement in decision making. A recommendation has been made in regards to patient satisfaction reports.

Is the service well led?

Information gathered during the inspection identified that further development is needed to ensure that effective leadership and governance arrangements are in place to create a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made within the domain.

This inspection was underpinned by 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).

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	6

Details of the Quality Improvement Plan (QIP) within were discussed with Mr Ciaran Gillan, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Mr Ciaran Gillan	Registered manager: Mr Ciaran Gillan
Person in charge of the service at the time of inspection: Mr Ciaran Gillan	Date manager registered: 26 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 1

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Ciaran Gillan, registered person, the practice manager who is a registered dental nurse and a trainee dental nurse. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 8 May 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 8 May 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2 (2)</p> <p>Stated: First time</p>	<p>The registered person must ensure that a robust system is established in regards to the arrangements for undertaking enhanced AccessNI checks.</p>	<p>Met</p>
	<p>This system must ensure that checks are received prior to new staff commencing work in the practice, and that the procedure for handling AccessNI disclosure certificates is in keeping with AccessNI's Code of Practice.</p> <p>A record should be retained in respect of each check, prior to disposal, of the dates the check was applied for and received, the unique identification number and the outcome of the check.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the personnel file for the most recently recruited staff member demonstrated that an AccessNI enhanced disclosure check had been undertaken and received prior to them commencing work. Review of information in respect of the AccessNI check demonstrated that not all specified information had been recorded. This was discussed with Mr Gillan who provided assurances that all relevant information would be recorded in the future.</p>	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11.1 Stated: First time	It is recommended that in respect of any new staff commencing work in the practice that all information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 should be retained within staff personnel files.	Partially Met
	Action taken as confirmed during the inspection: Two staff personnel files were reviewed. It was observed that some information as outlined in Schedule 2 had been sought and retained. Further information in this regard can be found in section 4.3 of this report. This recommendation has been stated for the second time.	

4.3 Is care safe?

Staffing

One dental surgery is in operation in this practice. Discussion with Mr Gillan and 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. The practice subscribes to an online service that offers verifiable Continuing Professional Development (CPD) for clinical staff, covering core subjects such as medical emergencies, radiology and cross infection. It was also established that the practice pays the fees for dental nurses to attend external courses to include core CPD days provided by the Northern Ireland Medical and Dental Training Agency (NIMDTA). The emphasis placed on the staff development in this practice is to be commended.

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. The practice pays the GDC registration fee for the dental nurses.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Gillan confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that some information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. It was evidenced that one personnel file included one written reference and the staff member's employment history. The second file did not include any written references or an employment history for the member of staff. Neither file included a criminal conviction declaration. These issues were discussed with Mr Gillan and a recommendation made during the previous care inspection in regards to staff personnel files has been stated for a second time.

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

Safeguarding

Staff spoken with 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.

It was confirmed that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

One overarching safeguarding policy was in place for the safeguarding and protection of adults and children. 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. A copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was downloaded during the inspection. This should be shared with staff.

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. Since the previous care inspection an automated external defibrillator (AED) has been purchased by the practice. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

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

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

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

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 have been provided to meet the practice requirements.

A review of documentation evidenced that the most recent occasion the equipment used in the decontamination process had been validated was on 22 October 2014. This is not in keeping with best practice guidance as outlined in Health Technical Memorandum (HTM) 01-05. This was discussed with Mr Gillan who confirmed that service engineers had serviced the equipment since October 2014 and that he was of the opinion that they had also validated the equipment. A recommendation has been made in regards to the validation of equipment.

A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Discussion with staff evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05, with the exception of dental handpieces which are manually cleaned prior to sterilisation. One handpiece from a sample of handpieces reviewed was compatible with processing in the washer disinfectant. Processing of handpieces was discussed with Mr Gillan who confirmed that the compatible handpiece observed was recently purchased. Mr Gillan was advised to refer to the Professional Estates Letter (PEL) (13)13, dated 24 March 2015 which was issued to all dental practices by the DHSSPS. A recommendation has been made to review the procedure for the decontamination of dental handpieces.

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 April 2016.

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 houses 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 rectangular collimation and x-ray quality grading audits.

A copy of the local rules was on display near each x-ray machine. Review of the local rules filed in the radiation protection file demonstrated that not all appropriate staff had signed to confirm that they had read and understood them. This was discussed with Mr Gillan and a recommendation has been made to address this. 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.

Review of documentation demonstrated that the most recent occasion the x-ray equipment had been serviced and maintained was during October 2012. Mr Gillan confirmed that this is in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that most matters relating to x-rays reflect legislative and best practice guidance. Review of records demonstrated that x-ray quality grading audits are undertaken every six months. However, no records were available to confirm that audits of justification and clinical evaluation recording have been completed on an annual basis. This is discussed further in section 4.4 of this report.

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 to include annual servicing of the oil central heating burner, intruder alarm, firefighting equipment and portable appliance testing (PAT) of electrical equipment.

A legionella risk assessment was completed by an external organisation during January 2015 and this is reviewed annually. Water temperatures are monitored and recorded as recommended.

A fire risk assessment was completed by an external organisation during May 2014 and this is reviewed annually. The established has also been inspected by the Northern Ireland Fire and Rescue Service during November 2015. Staff demonstrated that they were aware of the action to take in the event of a fire.

Patient and staff views

Eight patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was included in a questionnaire response:

- “100%”

One staff member submitted a questionnaire response. The staff member indicated that they felt that patients are safe and protected from harm. No comments were included in the questionnaire response.

Areas for improvement

Staff personnel files should be in keeping with Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

The washer disinfectant and steam steriliser should be validated and arrangements established for annual revalidation.

The procedure for the decontamination of dental handpieces should be reviewed.

The local rules should be signed and dated by all appropriate staff to confirm they have read and understood them.

Number of requirements	0	Number of recommendations:	4
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4.4 Is care effective?

Clinical records

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

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed that treatment plans are developed in consultation with patients. It was also 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. Mr Gillan and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of information leaflets are available in the practice and models are used for demonstration purposes when discussing oral health and hygiene. A range of oral health products are available to purchase in the practice.

It was confirmed that between December 2015 and May 2016 a dental nurse with a qualification in oral health education facilitated two oral health awareness sessions in local primary schools. It was also established that the practice has information in regards to oral health and hygiene including instructional video clips available on their Facebook page. The emphasis on oral health education and preventative care is to be commended.

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
- IPS HTM 01-05 compliance

As discussed previously no records were available to confirm that x-ray justification and clinical evaluation recording audits had been completed. These audits should be completed annually. A recommendation has been made in this regard.

Communication

Mr Gillan 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 every six weeks to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

All eight patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comment was included on a questionnaire response:

- “Best dentist I ever had”

One staff member submitted a questionnaire response and indicated that they felt that patients get the right care, at the right time and with the best outcome for them. No comments were included in the questionnaire response.

Areas for improvement

X-ray justification and clinical evaluation recording audits should be undertaken annually.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensures patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

It was confirmed that the practice has developed a website and Facebook page both of which can facilitate patient feedback. The most recent patient satisfaction report was dated July 2014. Patient satisfaction reports should be generated at least on an annual basis. A recommendation has been made to address this. Review of the most recent patient satisfaction report demonstrated that the practice 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.

The most recent report did not identify the overall number of completed patient questionnaires used to generate the report. The practice manager was advised that any patient satisfaction reports generated in the future should identify the overall number of patient satisfaction reports used and should include any feedback provided on the practice website and Facebook page.

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 and staff views

All eight patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was included in a questionnaire response.

- "I can't fault anything. First class"

One staff member submitted a questionnaire response and they indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in the questionnaire response.

Areas for improvement

Patient satisfaction reports should be generated at least on an annual basis.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

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 Gillan works in the practice two days each week and has overall responsibility for the day to day management of the practice. In his absence the practice manager and associate dentist are in charge. This practice manager confirmed that Mr Gillan is contactable should they need to speak with him.

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 2015 to 31 March 2016.

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 Gillan 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. As discussed a recommendation has been made in regards to x-ray audits.

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 Gillan demonstrated a clear understanding of his role and responsibilities 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.

Mr Gillan confirmed that plans have been submitted to the local planning authority to build an extension to the practice. It is envisaged that the extension will accommodate an additional surgery, storage and toilet facilities. Mr Gillan is aware that a variation to registration application must be submitted to RQIA should the extension be approved and that any newly established dental surgery must be registered with RQIA prior to becoming operational.

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

As discussed previously issues in relation to the delivery of care were identified under the “Is care safe?”, “Is care effective” and “Is care compassionate” domains which have an impact on quality assurance and good governance. Six recommendations have been made in order to progress improvement in identified areas. It is important these are kept under review to ensure improvements are sustained.

Patient and staff views

All eight patients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comment was included:

- “100%. Care never had better”

One staff questionnaire response indicated that they felt that the service is well led. No comments were included in the questionnaire response.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Ciaran Gillan, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to RQIA's office for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 11.1

Stated: Second time

To be completed by:
28 July 2016

It is recommended that in respect of any new staff commencing work in the practice that all information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 should be retained within staff personnel files.

Response by registered provider detailing the actions taken:

All relevant information in future will be recorded, and schedule 2 printed + shown to all relevant management.

This has now been included in the practice master file.

Recommendation 2

Ref: Standard 13.4

Stated: Second time

To be completed by:
28 September 2016

The washer disinfectant and steam steriliser should be validated and robust arrangements established to ensure that equipment used during the decontamination process is revalidated in keeping with HTM 01-05.

Response by registered provider detailing the actions taken:

Validation of washer disinfectant and steam steriliser booked for validation on 02.09.16

This is now included in the master file to be done annually.

<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 28 August 2016</p>	<p>The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>Dental handpieces (that are compatible) are now being processed in the washer disinfector. Staff training (internally) has been carried out.</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 28 August 2016</p>	<p>A copy of the local rules should be signed and dated by all appropriate staff to confirm they have read and understood them.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>Local rules signed + dated by all appropriate staff.</p> <p>Management informed that this needs to be done with all future staff members.</p>
<p>Recommendation 5</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 28 August 2016</p>	<p>A justification and clinical evaluation recording x-ray audit should be completed annually in keeping with best practice guidance.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>X-ray audit done from August 2015 - August 2016. Results printed + stored in file.</p> <p>Now included in master file to be done annually.</p>

<p>Recommendation 6 Ref: Standard 9.4 Stated: First time</p>	<p>Arrangements should be in place for consultation with patients, on at least an annual basis.</p> <p>The results of the patient consultation should be collated in a summative report and made available to patients.</p>
<p>To be completed by: 28 July 2016</p>	<p>Response by registered provider detailing the actions taken:</p> <p>patient questionnaire done from August - awaiting patient responses.</p> <p>Noted in master file to be done annually.</p>



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