

# Announced Care Inspection Report 27 February 2018



## Dobbin Street Dental Surgery

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

**Address: 36 Dobbin Street, Armagh, BT61 7QQ**

**Tel no: 028 3752 2580**

**Inspector: Winifred Maguire**

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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 two registered places providing NHS and private dental treatment.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Dobbin Street Dental Surgery <b>Responsible Individual:</b> Mr Enda McGrane	<b>Registered Manager:</b> Mr Enda McGrane
<b>Person in charge at the time of inspection:</b> Mr Enda McGrane	<b>Date manager registered:</b> 30 April 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

### 4.0 Inspection summary

An announced inspection took place on 27 February 2018 from 10.00 to 12.30.

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, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Two areas requiring improvement were identified against the regulations with regards to obtaining AccessNI enhanced checks for new staff members prior to the commencement of employment and the provision of emergency equipment as recommended by the Resuscitation Council (UK) guidelines.

One area of improvement was identified against the standards with regards to updating the safeguarding policies to reflect regional guidance.

Patients who submitted questionnaire responses to RQIA indicated a high level of satisfaction with the services provided by Dobbin Street Dental Surgery.

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

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Enda Dobbin, 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 8 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 March 2017.

#### 5.0 How we inspect

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

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

Questionnaires were provided to patients prior to the inspection by the practice on behalf of RQIA. Returned completed patient questionnaires were analysed prior to the inspection. RQIA invited staff to complete a survey monkey questionnaire. However RQIA did not receive any completed electronic staff questionnaires.

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

During the inspection the inspector met with Mr McGrane, registered person and one receptionist/dental nurse. 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 08 March 2017**

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

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 08 March 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area of improvement</b> Ref: Standard 11  Stated: First time	Annual staff appraisals should be carried out and the documentation retained in the staff files.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Handwritten staff appraisals were available for inspection. It was advised to devise formal appraisal documentation which is then completed and signed by the member of staff who is being appraised and the appraiser.	

<b>Area of improvement 2</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time	The annual audit of justification and clinical evaluation of radiographs should be carried out and documentation retained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Monthly radiology audits were in place which included of justification and clinical evaluation of radiographs.	
<b>Area of improvement</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	Minutes of staff meetings should be taken and retained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Minutes of a staff meeting in November 2017 were retained and available for inspection.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

#### Staffing

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

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

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. As stated previously, handwritten staff appraisals were available for inspection. It was advised to devise formal appraisal documentation which is then completed and signed by the member of staff who is being appraised and the appraiser. 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 McGrane confirmed that one member of staff had been recruited since the previous inspection. A review of this member of staff personnel file demonstrated that most of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. It was noted that the AccessNI enhanced check had appeared to have been obtained a considerable period in advance of employment. On discussion it was confirmed that the AccessNI enhanced check had been obtained on behalf of a previous employer. A fulsome discussion took place with Mr McGrane when he was reminded that AccessNI enhanced checks must be carried out by the new employer and AccessNI enhanced checks were not portable.

Mr McGrane confirmed it had been a misunderstanding on his behalf and immediately took steps to obtain an AccessNI enhanced check. He also gave assurances that the member of staff concerned would not undertake direct patient contact duties until the AccessNI enhanced check has been obtained.

An area of improvement was identified against the regulations on this matter.

Evidence was submitted to RQIA that an AccessNI enhanced check for the new member of staff had been received on 1 March 2018.

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

## Safeguarding

Staff were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that the safeguarding lead has arranged formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm; however they did not reflect current regional guidance. The following guidance and information was forwarded to the practice:

The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise

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

An area of improvement was identified against the standards in relation to updating the adult safeguarding policy and the safeguarding children policy to reflect the current regional guidance.



## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that not all emergency medicines were provided in keeping with the British National Formulary (BNF), and not all emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. The following was noted:

- the oxygen cylinder did not have an expiry date in place
- portable suction was not in place
- oropharyngeal airways size 0 to 4 were not in place
- a paediatric self-inflating bag with reservoir was not in place

An area for improvement was identified against the regulations in relation to ensuring that the oxygen cylinder is formally checked by an approved engineer and all the emergency equipment listed above are put in place. In addition robust systems must be established to ensure all emergency medicines are provided in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained.

Mr McGrane confirmed that an automated external defibrillator (AED) located in a nearby medical practice is available to the dental practice. Mr McGrane gave assurances that the AED would be made available in the event of a medical emergency within three minutes. Mr McGrane confirmed he would conduct a timed resuscitation drill and make record of the outcome. He was advised that the Resuscitation Council (UK) guidelines stated AED must be available within three minutes.

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.

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. Training records were available for inspection.

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a DAC Universal and two steam sterilisers, 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 January 2018

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

## **Radiography**

The practice has two surgeries, each of which has an intra-oral x-ray machine.

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

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

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

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.

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 has been undertaken and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Fire-fighting equipment had been serviced on 6 November 2017. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels was in place dated 2 February 2017. Portable appliance testing had been carried out on 15 January 2018.

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**

Eleven 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.

As stated previously, RQIA did not receive any staff questionnaire responses.

### **Areas of good practice**

There were examples of good practice found in relation to induction, training, appraisal, infection prevention control and decontamination procedures, radiology and the environment.

### **Areas for improvement**

AccessNI enhanced checks for new members of staff must sought and retained as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 prior to the commencement of employment.

Update the adult safeguarding policy and the safeguarding children policy to reflect the current regional guidance.

The oxygen cylinder should be formally checked by an approved engineer; and portable suction equipment, oropharyngeal airways size 0 to 4 and a paediatric self-inflating bag with reservoir must be made available in the practice. In addition robust systems must be established to ensure all emergency medicines are provided in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained.

	Regulations	Standards
Total number of areas for improvement	2	1

## 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.

It was confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Computerised records are maintained and 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 and posters were available in the reception area. The dental nurses have oral health qualifications. The practice has a website which outlines oral health information. 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
- clinical records
- review oral cancer risk factors

## Communication

Mr McGrane 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 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 views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Ten patients indicated that they were very satisfied with this aspect of care and one indicated they were satisfied. 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
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

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

## Dignity, respect and involvement in decision making

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

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

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

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

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

**Patient views**

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Ten patients indicated that they were very satisfied with this aspect of care and one indicated they were satisfied. 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
<b>Total number of areas for improvement</b>	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 McGrane 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 displayed 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 McGrane demonstrated an 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**

All patients who submitted questionnaire responses indicated that they felt that the service is well led. Ten patients indicated that they were very satisfied with this aspect of the service and one indicated they were satisfied. 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
<b>Total number of areas for improvement</b>	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 MrGrane, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



## Quality Improvement Plan

### Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2 as amended</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 February 2018</p>	<p>The registered person shall ensure that AccessNI enhanced checks for new members of staff are sought and retained as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 prior to the commencement of employment.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> AccessNI Form filled in online and sent 27/02/2018, certificate now available.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 March 2018</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• the oxygen cylinder is formally checked by an approved engineer</li> <li>• portable suction equipment is available in the practice</li> <li>• oropharyngeal airways size 0 to 4 are available in the practice</li> <li>• a paediatric self -inflating bag with reservoir is available in the practice.</li> </ul> <p>In addition robust systems must be established to ensure all emergency medicines are provided in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <ul style="list-style-type: none"> <li>• oxygen cylinder now checked approved and dated by engineer</li> <li>• portable suction now available</li> <li>• oropharyngeal airways size 0 to 4 are now available</li> <li>• a paediatric self -inflating bag with reservoir is now available o</li> <li>• system in place to ensure all emergency medicines are provided</li> <li>• and emergency equipment (AED) now purchased and on site</li> </ul>

<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 April 2018</p>	<p>The registered person shall ensure that the adult safeguarding policy and the safeguarding children policy are updated to reflect the current regional guidance.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Updated adult safeguarding policy and safeguarding children policy now in place and read by all members of staff. Full training took place 28/03/2018</p>



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