

# Announced Care Inspection Report

## 05 December 2016



## Jeremy Doogan Dental Care

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

**Address: 8 Finaghy Road South, Belfast, BT10 0DR**

**Tel no: 028 9061 3558**

**Inspector: Emily Campbell**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Jeremy Doogan Dental Care took place on 5 December 2016 from 10:00 to 12:55.

The inspection sought to assess progress with any issues raised 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.

### Is care safe?

Observations made, review of documentation and discussion with Mr Jeremy Doogan, registered provider, 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 requirement has been made in relation to the arrangements for the decontamination of dental instruments, including staff training. Three recommendations were made in relation to retaining staff training records, the provision of Buccolam for administration in the event of status epilepticus and radiology auditing and equipment servicing.

### Is care effective?

Observations made, review of documentation and discussion with Mr Doogan and staff demonstrated that 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. No requirements or recommendations have been made.

### Is care compassionate?

Observations made, review of documentation and discussion with Mr Doogan and staff demonstrated that, in general, arrangements are in place to promote patients' dignity, respect and involvement in decision making. One recommendation was made to undertake patient satisfaction surveys on an annual basis.

### Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates 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.

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
<b>Total number of requirements and recommendations made at this inspection</b>	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Jeremy Doogan, registered provider, and an associate dentist 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 QIP there were no further actions required to be taken following the most recent inspection on 21 December 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Jeremy Doogan	<b>Registered manager:</b> Mr Jeremy Doogan
<b>Person in charge of the practice at the time of inspection:</b> Mr Jeremy Doogan	<b>Date manager registered:</b> 13 September 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

### 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 staff questionnaires. Patient questionnaires were not submitted to RQIA prior to the inspection, however a number were submitted following the inspection and were reviewed prior to issuing the report.

During the inspection the inspector met with Mr Doogan, an associate dentist, a year one foundation trainee dentist and a 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 21 December 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 21 December 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2  <b>Stated:</b> First time	The registered person must ensure that an enhanced AccessNI check is undertaken and received prior to the commencement of employment in respect of any new staff recruited.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of submitted staffing information and discussion with Mr Doogan confirmed that no new staff have been recruited since the previous inspection. Mr Doogan demonstrated sound awareness of the need to ensure enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time	Rectangular collimation should be implemented when taking x-rays in keeping with best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of two of the three dental surgeries and discussion with Mr Doogan and staff confirmed that rectangular collimation is actively in use in all surgeries.	

#### 4.3 Is care safe?

##### 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.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within the practice.

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. A review of a sample of four evidenced that appraisals had been completed on an annual basis.

Staff spoken with confirmed that they keep themselves updated with their General Dental Council (GDC) continuing professional development (CPD) requirements and other mandatory training; however, there is no oversight of this by the practice, other than in-house training provided. Mr Doogan was advised that he should have systems in place to satisfy himself that all staff in the practice, including self-employed staff, are keeping themselves updated. Review of individual staff member's professional development also feeds into the appraisal process and assists in the identification of training needs to meet the needs of the practice. A recommendation was made in this regard.

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 Doogan confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

Mr Doogan confirmed that the recruitment policy and procedure 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.

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 children and adults at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. The safeguarding adults at risk of harm policy has, in the main, been updated to reflect the new regional guidance "Adult Safeguarding Prevention and Protection in Partnership" (July 2015). Mr Doogan provided assurances that on completion of the final amendments to the policy, the new arrangements would be discussed with staff. A copy of the new regional policy "Co-operating to safeguard children and young people in Northern Ireland" (March 2016) was forwarded to Mr Doogan by email, following the inspection.

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), with the exception of an automated external defibrillator (AED). However, the practice has timely access to an AED from the nearby medical centre or newsagent and these arrangements are reflected in the local protocol for the management of cardiac emergencies. The format of buccal Midazolam retained was not in keeping with the Health and Social care Board (HSCB) guidance. A recommendation was made that the current format of buccal Midazolam should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained.

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. Training records were not available for inspection and a recommendation was made in this regard as discussed previously.

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 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. Observations made, discussion with staff and review of equipment logbooks identified that following issues which were not in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices;

- a daily automatic control test (ACT) was not undertaken and recorded in the steriliser logbooks
- compatible dental handpieces were not always processed through the washer disinfectant
- some wrapped processed instruments did not have an expiry date identified

The variance in practice between staff in relation to the issues identified would indicate a training issue. A requirement was made that the issues identified above are addressed and staff training provided to ensure staff are fully aware of the arrangements for the decontamination of dental instruments as outlined in HTM 01-05.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. However, the audit tool in use is not the 2013 edition; this was emailed to Mr Doogan following the inspection.

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

## **Radiography**

The practice has three 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. Records of staff training were not provided; as previously discussed, a recommendation has been made to retain records of staff CPD. X-rays are processed chemically and rectangular collimation was observed to be in use. Mr Doogan advised that x-ray quality grading audits and justification and clinical evaluation audits had been completed by Denplan Excel during their

practice audit, however, these were not available during the inspection. In addition x-ray equipment had not been serviced in some time. A recommendation was made that x-ray quality grading audits and justification and clinical evaluation audits should be formalised and undertaken six monthly and annually respectively and x-ray equipment should be serviced in accordance with manufacturer's instructions. Records should be retained in the radiation protection file.

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) completed a quality assurance check in February 2015 and a check was also undertaken by the RPA in August 2015 in respect of a new intra-oral x-ray unit prior to it being made operational. Review of the report of the most recent visits by the RPA demonstrated that the recommendations made have been addressed.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance with the exception of x-ray audits and servicing of equipment as previously discussed. A radiology audit was recently completed by an associate dentist as part of their CPD.

## **Environment**

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

Detailed cleaning schedules were in place for all areas and a colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. This included review of general risk assessments, control of substances hazardous to health (COSHH) risk assessments and servicing of fire safety equipment. There was no evidence that the gas heating boiler system had been serviced since 2013; however, documentary evidence was provided to RQIA on 23 December 2016 confirming this had been serviced. Mr Doogan provided assurances that the gas boiler would be serviced on an annual basis.

A legionella risk assessment was in place.

Staff confirmed fire training and fire drills had been completed and staff demonstrated that they were aware of the action to take in the event of a fire. The fire alarm was activated during the inspection and observations made confirmed that staff responded appropriately.

A written scheme of examination of pressure vessels was in place and pressure vessels had been inspected in keeping with the written scheme.

## **Patient and staff views**

Nine patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was provided:

- "There has never been an issue."



Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### Areas for improvement

A system should be implemented to monitor and ensure that GDC CPD requirements, as applicable, and other mandatory training is met by all staff in the practice.

The current format of buccal Midazolam should be replaced with Buccolam pre-filled syringes.

The issues identified above in relation to the decontamination of dental instruments should be addressed and staff training provided.

X-ray quality grading audits and justification and clinical evaluation audits should be undertaken six monthly and annually respectively and x-ray equipment should be serviced in accordance with manufacturer's instructions. Records should be retained in the radiation protection file.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	3
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## 4.4 Is care effective?

### Clinical records

Staff spoken with 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 confirmed that patients are informed about the cost of treatments, choices and options. Written treatment plans are provided to patients as appropriate.

Manual records are maintained and 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).

### Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of health promotion information available for patients. The practice is a Denplan Excel practice and oral health is audited and promoted as part of the ongoing Denplan Excel quality assurance programme. The practice is currently liaising with a local nursery facility to provide a talk to patients on child oral health promotion. Mr Doogan and staff 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:

- IPS HTM 01-05 compliance
- hand hygiene
- clinical records
- medical emergencies
- waste management
- review of complaints/accidents/incidents

As discussed previously a recommendation was made in relation to x-ray audits.

## Communication

Mr Doogan and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal 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 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- “Things explained well before treatment.”
- “I am always looked after very well.”

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

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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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. Patients with a physical disability or who require wheelchair access are accommodated in the ground floor surgery, and the toilet facility is suitable for disabled access. An interpreter service is available for patients who require this assistance. Staff advised that they endeavour to accommodate any specific individual needs a patient may have.

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.

Denplan Excel undertake patient satisfaction surveys, however, these are not undertaken on an annual basis. Review of the most recent patient satisfaction report undertaken in November 2014 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 recommendation was made that the practice undertakes patient satisfaction surveys on an annual basis.

It was confirmed that 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 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- "I always feel looked after."
- "Very thoughtful."
- "Treatment is always discussed with me."
- "Lovely staff, very friendly and helpful, would recommend family and friends to practice."

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

## Areas for improvement

Patient satisfaction surveys should be undertaken on an annual basis.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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.

There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Denplan Excel have recently provided a new policy manual and the practice is currently reviewing policies to ensure they are reflective of the local arrangements in the practice. It was confirmed that policies and procedures will be reviewed at least on a three 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 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 Doogan 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 previously patient satisfaction surveys should be undertaken annually.

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 Doogan demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

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

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

### Patient and staff views

Eight of the nine patients who submitted questionnaire responses indicated that they felt that the service is well managed. One patient indicated that the service is not well managed. Comments provided included the following:

- “Staff are excellent.”
- “Very well managed by all staff.”

As discussed previously, patient questionnaire responses were not provided until after the inspection. Mr Doogan was advised of patient questionnaire responses by telephone on 23 December 2016.

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Jeremy Doogan, registered provider, and an associate dentist, 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/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) for assessment 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	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 19 December 2016	<p>The registered provider must ensure the following issues in relation to the decontamination of dental instruments are addressed with immediate effect:</p> <ul style="list-style-type: none"> <li>a daily automatic control test (ACT) should be undertaken and recorded in the steriliser logbooks</li> <li>compatible dental handpieces must be processed through the washer disinfecter</li> <li>wrapped processed instruments should have an expiry date identified</li> </ul> <p>Staff training should be provided to ensure staff are fully aware of the arrangements for the decontamination of dental instruments as outlined in Health Technical Memorandum (HTM) 01-05.</p> <p><b>Response by registered provider detailing the actions taken:</b>  <i>Immediate training undertaken see photo of log books attached.</i></p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 11.4  <b>Stated:</b> First time  <b>To be completed by:</b> 5 February 2017	<p>A system should be implemented to monitor and ensure that the General Dental Council (GDC) continuous professional development (CPD) requirements, as applicable, and other mandatory training is met by all staff in the practice.</p> <p><b>Response by registered provider detailing the actions taken:</b>  <i>(Example attached)</i>  <i>Written records now in staff folders.</i></p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be completed by:</b> 19 January 2017	<p>The current format of buccal Midazolam should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance.</p> <p><b>Response by registered provider detailing the actions taken:</b>  <i><del>Midazolam</del> Buccolam delivered by local pharmacy but returned due to incorrect syringe dosages - re-ordered</i></p>

<b>Recommendation 3</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time <b>To be completed by:</b> 5 March 2017	X-ray quality grading audits and justification and clinical evaluation audits should be undertaken six monthly and annually respectively. X-ray equipment should be serviced in accordance with manufacturer's instructions. Records should be retained in the radiation protection file. <b>Response by registered provider detailing the actions taken:</b> <i>Pro-forma for audit attached - audit to do</i>
<b>Recommendation 4</b> <b>Ref:</b> Standard 9 <b>Stated:</b> First time <b>To be completed by:</b> 5 March 2017	Patient satisfaction surveys should be undertaken on an annual basis. <b>Response by registered provider detailing the actions taken:</b> <i>New surveys finalised - Glauk  attached to be carried out.</i>

**\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\***





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