The Regulation and Quality Improvement Authority

# Announced Care Inspection Report
# 08 January 2018

# Jeremy Doogan Dental Care

**Type of Service: Independent Hospital (IH) – Dental Treatment**
**Address: 8 Finaghy Road South**
**Tel No: 028 9061 3558**
**Inspector: Elizabeth Colgan**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for

## 2.0 Profile of service

This is a registered dental practice with three registered places.

## 3.0 Service details

| Organisation/Registered Provider: Mr Jeremy Doogan | Registered Manager: Mr Jeremy Doogan |
|---|---|
| **Person in charge at the time of inspection:** Mr Jeremy Doogan | **Date manager registered:** 13 September 2011 |
| **Categories of care:** Independent Hospital (IH) – Dental Treatment | **Number of registered places:** 3 |

## 4.0 Inspection summary

An announced inspection took place on 8 January 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 recruitment, safeguarding, the management of medical emergencies, infection prevention and control, and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Areas requiring improvement were identified in relation to staff training and development records, radiology auditing and equipment servicing and monitoring compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool.

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

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

## 4.1 Inspection outcome

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 3 |

Details of the Quality Improvement Plan (QIP) were discussed with Mr Jeremy Doogan, 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 5 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 December 2016.

## 5.0 How we inspect

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

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

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspector met with the practice manager, a dental nurse, a dentist, a dental trainee and a receptionist. 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 5 December 2016

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

## 6.2 Review of areas for improvement from the last care inspection dated 5 December 2016

| Areas for improvement from the last care inspection | | |
|---|---|---|
| **Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref**: Regulation 15 (3)<br><br>**Stated:** First time | The registered provider must ensure the following issues in relation to the decontamination of dental instruments are addressed with immediate effect:<br><br>• a daily automatic control test (ACT) should be undertaken and recorded in the steriliser logbooks<br>• compatible dental hand pieces must be processed through the washer disinfector<br>• wrapped processed instruments should have an expiry date identified<br><br>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. | **Met** |
| | Review of documentation and observation confirmed that :<br><br>• a daily automatic control test (ACT) had been undertaken and recorded in the steriliser logbooks<br>• compatible dental hand pieces were processed through the washer disinfector<br>• wrapped processed instruments had an expiry date identified<br><br>Staff training had been provided to ensure staff were fully aware of the arrangements for the decontamination of dental instruments as outlined in Health Technical Memorandum (HTM) 01-05. | |

| Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011) | | Validation of compliance |
|---|---|---|
| **Area for improvement 1**<br><br>**Ref**: Standard 11.4<br><br>**Stated:** First time | 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. | **Partially met** |
| | Review of documentation confirmed that the system which had been put in place to monitor and ensure that the General Dental Council (GDC) continuous professional development (CPD) requirements, as applicable, and other mandatory training did not provide clear evidence that training had been undertaken. The system requires further development.<br><br>This area for improvement is stated for the second time. | |
| **Area for improvement 2**<br><br>**Ref**: Standard 12.4<br><br>**Stated:** First time | The current format of buccal Midazolam should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance. | **Met** |
| | The inspection confirmed that Buccolam pre-filled syringes in keeping with HSCB guidance were in place. | |

| | | |
|---|---|---|
| **Area for improvement 3**<br><br>**Ref**: Standard 8.3<br><br>**Stated:** First time | X-ray quality grading audits and justification and clinical evaluation audits should be undertaken six monthly and annually respectively.<br><br>X-ray equipment should be serviced in accordance with manufacturer's instructions.<br><br>Records should be retained in the radiation protection file. | **Not met** |
| | Review of documentation confirmed that X-ray quality grading audits and justification and clinical evaluation audits had not been undertaken six monthly and annually respectively.<br><br>X-ray equipment had not been serviced in accordance with manufacturer's instructions.<br><br>This area for improvement is stated for the second time. | |
| **Area for improvement 4**<br><br>**Ref**: Standard 9<br><br>**Stated:** First time | Patient satisfaction surveys should be undertaken on an annual basis. | **Met** |
| | Review of documentation confirmed that a patient satisfaction survey had been undertaken since the last 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

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 three staff files 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. Mr Doogan had put a system in place to monitor and ensure that the General Dental Council (GDC) continuous professional development (CPD) requirements, as applicable, and other mandatory training are up to date. However this system did not provide clear evidence that training had been undertaken and requires further development. This area for improvement was partially met and has been stated for the second time.

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.

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 completed 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. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled ‘Co-operating to safeguard children and young people in Northern Ireland’ (March 2016) and the regional guidance document entitled ‘Adult Safeguarding Prevention and Protection in Partnership’ (July 2015) were both available for staff reference.

**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. Mr Doogan confirmed that the AED can be reached within the recommended timeframe. Mr Doogan also stated that he is considering purchasing an AED for 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. A store room was untidy and cluttered and the wooden shelving could not be effectively cleaned. Mr Doogan provided pictorial evidence after the inspection by electronic mail to show a decluttered and tidy store with painted shelving to facilitate cleaning. 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 with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector and steam steriliser have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. However there was no date recorded on the most recent IPS audit and previous audits were not available at the time of the inspection. An area for improvement was identified against the standards

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 and have received local training in relation to these duties. X-rays are processed chemically and rectangular collimation was observed to be in use. At the previous care inspection an area for improvement 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. This area for improvement has not been met and is stated for the second time.

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.

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.

**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.

Mr Doogan provided confirmation by electronic mail on 17 January 2018 that the fire and legionella risk assessments had been reviewed.

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.

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

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

**Patient and staff views**

Six patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. All patients indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.
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Three staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. All staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

**Areas of good practice**

There were examples of good practice found in relation to staff recruitment, induction, appraisal, safeguarding, management of medical emergencies, infection prevention control and decontamination procedures, and the environment.

**Areas for improvement**

Two areas of improvement have been stated for the second time these relate to:

- Ensuring that the system in place clearly monitors that GDC CPD requirements, as applicable, and other mandatory training requirements are met by all staff in the practice.

- 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.

One area for improvement against the standards has been stated for the first time to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool on a six monthly basis.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 3 |

## 6.5 Is care effective?

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

### Clinical records

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

Mr Doogan 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.

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 patents. The practice is a Denplan Excel practice and oral health is audited and promoted as part of the ongoing Denplan Excel quality assurance programme. Mr Doogan and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

### Audits

Mr Doogan confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- hand hygiene
- clinical records
- medical emergencies
- waste management

As discussed previously areas for improvement have been made in relation to x-ray audits and IPS HTM 01-05 compliance.

**Communication**

Mr Doogan 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 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 of the six patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All patients indicated they were very satisfied with this aspect of care. One comment was included in submitted questionnaire responses.

- "Best care I have ever received from any dentist."

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

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 0 |

**6.6 Is care compassionate?**

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

**Dignity, respect and involvement in decision making**

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

converse with patients and conduct telephone enquiries in a professional and confidential manner.

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

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

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

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

**Patient and staff views**

All of the six patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All patients indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

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

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 0 |

**6.7 Is the service well led?**

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

**Management and governance arrangements**

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

Mr Doogan 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 a yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

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

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr 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 areas for improvement have been made in relation to x-ray audits and IPS HTM 01-05 compliance.

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**

All of the six patients who submitted questionnaire responses indicated that they felt that the service is well led. All patients indicated they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

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

**Areas of good practice**

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 0 |

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Doogan, registered person, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 7.1 Areas for improvement

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

Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

## 7.2 Actions to be taken by the service

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

| Quality Improvement Plan | |
|---|---|
| **Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)** | |
| **Area for improvement 1**<br><br>**Ref**: Standard 11.4<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>8 February 2018 | 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.<br><br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>Further development of staff training folder implemented - monthly training based on practice manual sections. |
| **Area for improvement 2**<br><br>**Ref**: Standard 8.3<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>8 February 2018 | X-ray quality grading audits and justification and clinical evaluation audits should be undertaken six monthly and annually respectively.<br><br>X-ray equipment should be serviced in accordance with manufacturer's instructions.<br><br>Records should be retained in the radiation protection file.<br><br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>William Jordan Medical Services - electrical service of x-ray tubes organised.<br>Visit completed by OnePhoton<br>Two separate radiograph audits completed - one of quality of films; one of justification and reports in clinical records. |

| | |
|---|---|
| **Area for improvement 3**<br><br>**Ref**: Standard 13<br><br>**Stated:** First time | The registered person shall audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool on a six monthly basis.<br><br>Ref: 6.4 |
| **To be completed by:**<br>8 February 2018 | **Response by registered person detailing the actions taken:**<br>IPS audit now completed |

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

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