Announced Care Inspection Report
6 July 2016

Dundonald Dental Practice

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: Moat House, 963-969 Upper Newtownards Road, Dundonald, BT16 1RL
Tel No: 028 9048 7680
Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of Dundonald Dental Practice took place on 06 July 2016 from 10:00 to 12:50.

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

Is care safe?

Observations made, review of documentation and discussion with Miss Donnelly, Registered Manger and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One recommendation made during the previous inspection in relation to Glucagon medication had not been addressed and this has been stated for the second time. An additional four recommendations have been made in relation to validation certificates for decontamination equipment, periodic tests in respect of the steam sterilisers, radiation protection advisor reports in respect of x-ray equipment and the written scheme of examination inspection reports in respect of pressure vessels.

Is care effective?

Observations made, review of documentation and discussion with Miss Donnelly 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 Miss Donnelly and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

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
Total number of requirements and recommendations made at this inspection	0	5

Details of the Quality Improvement Plan (QIP) within were discussed with Miss Karen Donnelly, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered provider: Oasis Dental Care Mr Andrew Relf	**Registered manager:** Miss Karen Donnelly
Person in charge of the service at the time of inspection: Miss Karen Donnelly	**Date manager registered:** 16 March 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 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. No completed patient questionnaires were returned to RQIA prior to the inspection.

During the inspection the inspector met with Miss Karen Donnelly, Registered Manager, an associate 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 14 August 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 14 August 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 15 (7) **Stated:** First time	The registered person must ensure that the legionella risk assessment for Dundonald Dental Practice is updated to address the following issues; • the legionella risk assessment should be reviewed every two years or following any alteration or modification to the water system; and • a current schematic diagram showing all major components of the water system should be provided	**Met**
	Action taken as confirmed during the inspection: Review of documentation demonstrated that a legionella risk assessment to include a schematic diagram of the water system was completed during May 2016. It was confirmed that recommendations made within the risk assessment have been addressed and that legionella control measures to include the routine monitoring of sentinel water temperatures are in place and records retained.	
Requirement 2 **Ref**: Regulation 19(2)(d) and Schedule 2 **Stated:** First time	The registered person must ensure that they have obtained all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 for all staff recruited since registration with RQIA and any new staff recruited. Records must be retained and available for inspection.	**Met**
	Action taken as confirmed during the inspection: It was confirmed that two new staff have commenced work in the practice since the previous inspection. Review of the staff personnel files for the identified staff demonstrated that all records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been retained.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 12.4 **Stated:** First time	It is recommended that the Glucagon medication is replaced and a revised expiry date is recorded on the medication packaging.	**Not Met**
	Action taken as confirmed during the inspection: It was observed that Glucagon was stored at room temperature along with all medicines retained for use in the event of a medical emergency and that a revised expiry date had not been recorded on the medication packaging or expiry date checklist to reflect that the cold chain had been broken. This was discussed with Miss Donnelly who confirmed that following the previous inspection the Glucagon had been replaced; however a revised expiry date had not been recorded. Miss Donnelly was advised that Glucagon has a reduced shelf life when not retained in a fridge. The storage arrangements for Glucagon were discussed with Miss Donnelly. This recommendation has not been addressed and it has been stated for a second time.	
Recommendation 2 **Ref**: Standard 11.1 **Stated:** First time	It is recommended that the recruitment policy is further developed to include the procedure to be followed for undertaking enhanced Access NI disclosure checks for newly recruited staff.	**Met**
	Action taken as confirmed during the inspection: Review of the recruitment policy demonstrated that it had been further developed to include the procedure to be followed for undertaking enhanced Access NI disclosure checks for newly recruited staff.	

Recommendation 3 **Ref**: Standard 11.3 **Stated:** First time	It is recommended that staff induction programmes are completed following commencement of employment and retained on staff personnel files.	**Met**
	Action taken as confirmed during the inspection: As discussed two new staff have commenced work in the practice since the previous inspection. Review of documents demonstrated that both identified staff had completed an induction programme. In relation to one of the staff members the records available confirmed that they had completed the Oasis online induction programme. It was suggested to Miss Donnelly that in addition to the online induction, a record should be retained to confirm the topics discussed during the in-house induction.	
Recommendation 4 **Ref**: Standard 9.4 **Stated:** First time	It is recommended that the results of the patient satisfaction survey reflect the outcomes of the whole survey.	**Met**
	Action taken as confirmed during the inspection: A report dated June 2016 detailing the findings of the most recent patient satisfaction surveys was observed to be on display in the reception area. The report reflected the outcomes of the whole survey. It was suggested that the report should identify the number of completed patient satisfaction surveys used to generate the report. Additional information in this regard can be found in section 4.5 of this report.	

4.3 Is care safe?

Staffing

Three dental surgeries are available in this practice; two of which are in routine use. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

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

Procedures were in place for appraising staff performance and Miss Donnelly and an associate dentist confirmed that their appraisals had taken place.

Miss Donnelly confirmed that as the Registered Manager she has yet to undertake appraisals with staff. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. It was confirmed that the Oasis Dental Care group have an online training hub which includes core Continuing Professional Development (CPD) topics as recommended by the General Dental Council (GDC). All staff have access to this training hub and the courses undertaken are reviewed and discussed during staff appraisals.

A review of records confirmed that a robust system was in place to review the GDC registration status and professional indemnity of all clinical staff.

Recruitment and selection

As discussed a review of the submitted staffing information and discussion with Miss Donnelly confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

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

Safeguarding

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

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. Safeguarding refresher training is an annual mandatory course that must be completed using the online line training hub. The frequency of safeguarding refresher training exceeds best practice guidance. A copy of the new regional guidance issued in July 2015 entitled ‘Adult Safeguarding Prevention and Protection in Partnership’ was available in the practice for staff reference.

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

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. As discussed previously, it was confirmed that Glucagon was not stored in a fridge and a revised expiry date had not been recorded on the medication packaging or expiry date checklist to reflect that the cold chain had been broken. This issue was identified during the previous care inspection and a recommendation had been made to address it. As this recommendation had not been addressed it has been stated for a second time. 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. In addition to the in-house cardiopulmonary resuscitation (CPR) training refresher training on the management of medical emergencies is an annual mandatory course that staff must complete using the online line training hub. The frequency of training exceeds best practice guidelines. In addition to the CPR and medical emergency training, two staff in the practice have completed First Aid training and are nominated first aid responders.

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.

It was confirmed that the policy for the management of medical emergencies reflected best practice guidance and that 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. Infection prevention and control and decontamination refresher training is an annual mandatory course that staff must complete using the online line training hub.

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 two washer disinfectors and two steam sterilisers have been provided to meet the practice requirements.

A review of documentation evidenced that the steam sterilisers were validated on 15 October 2015 and the washer disinfectors were validated on the 03 June 2016. Miss Donnelly confirmed that a service engineer was scheduled to validate all equipment used during the decontamination process on 08 July 2015. A recommendation has been made that a copy of the validation certificates should be submitted to RQIA on return of this Quality Improvement Plan (QIP).

A review of equipment logbooks evidenced that in the main periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. It was observed that the details of the daily automatic control test (ACT) are not routinely recorded for the steam sterilisers. A recommendation has been made to address this.

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 May 2016.

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. 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 most recent radiation protection advisor (RPA) reports in the radiation file were dated 2010. X-ray equipment should have a quality assurance check and critical examination every three years. Review of documentation and discussion with Miss Donnelly demonstrated that an external company appointed by the RPA completed a critical examination of the x-ray equipment on 21 August 2013, which is within the past three years. However, the appointed RPA has not produced a report following the critical examination undertaken on 21 August 2013. A recommendation has been made in this regard.

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 high standard of maintenance and décor. It was confirmed that the Oasis Dental Care group have a dedicated estates department.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment to include annual servicing of the air conditioning system, intruder alarm, fire detection system and firefighting equipment. Portable appliance testing (PAT) of electrical equipment and fixed electrical installations checks are undertaken every three years.

As discussed previously a legionella risk assessment was last undertaken during May 2016 and water temperatures are monitored and recorded as recommended.

The fire risk assessment had been reviewed during June 2016 and staff confirmed fire training and fire drills had been completed. Review of documents demonstrated that routine checks of the fire detection system to include emergency lighting and break glass points are undertaken and records retained. Staff demonstrated that they were aware of the action to take in the event of a fire.

Miss Donnelly confirmed that the pressure vessels in the practice were inspected in keeping with the written scheme of examination on 20 June 2016 and that the practice were awaiting the inspection reports to be issued. A recommendation has been made in this regard.

Patient and staff views

Miss Donnelly was informed that no completed patient questionnaires had been submitted to RQIA prior to the inspection. Miss Donnelly confirmed that patient questionnaires had been distributed to patients by reception staff.

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. The following comment was included:

- “Reception tidy and clear of any trip hazards. All staff wear appropriate PPE.”

Areas for improvement

Replace the Glucagon medication and record a revised expiry date on the medication packaging and expiry date checklist.

A copy of the validation certificate for the equipment used during the decontamination process should be submitted to RQIA.

All details of the ACT should be recorded in the steam steriliser logbooks.

Ensure that RPA reports, within the past three years are available in respect of all x-ray equipment in the practice.

A copy of the pressure vessel inspection reports produced in keeping with the written scheme of examination should be submitted to RQIA upon return of this QIP.

Number of requirements	0	Number of recommendations:	5

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.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. It was confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was information available to promote good oral health and hygiene. Oasis Dental Care group have a marketing department which distributes posters to practices, a range of posters were observed to be on display. An associate dentist confirmed that oral health is actively promoted on an individual level with patients during their consultations and that if appropriate patients are referred to the hygienist. A range of oral health products are available to purchase in the practice and samples of oral health products are freely distributed to patients. It was confirmed that the practice has an outreach programme in place and that oral health information sessions have been delivered in local schools. The outreach programme is to be commended.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical waste management
- clinical records
- review of complaints/accidents/incidents
- hand washing

It was also confirmed that the Oasis Dental Care group have a named clinical compliance and health and safety auditor. This named individual has visited Dundonald Dental Practice within the previous 12 calendar months and completed an audit. Oasis Dental Care group have also developed a specific audit to be routinely completed by practice managers. This audit includes all aspects of the operation of the practice.

There was evidence to confirm that Dundonald Dental Practice exceeds legislative and best practice guidance in regards to audits. The emphasis on audits and quality improvement is to be commended.

Communication

Miss Donnelly 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 in house training sessions.

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

Patient and staff views

As discussed previously no patient questionnaires were submitted to RQIA prior to the inspection.

All five 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. The following comment was provided:

- “All options covered in surgery. Treatment plans printed and signed. Designated pain slots for emergencies”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0

4.5 Is care compassionate?

Dignity, respect and involvement in decision making

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

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. These 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 a routine basis. A report detailing the findings of the patient satisfaction surveys is generated on a monthly basis and the most recent report was observed to be on display in the main reception area of the practice. Miss Donnelly confirmed that a summary report is generated annually to include the findings of the previous 12 calendar month patient satisfaction surveys. Oasis Dental Care group also have a website on which patients can leave feedback in regards to the quality of care and treatment received.

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. As discussed it was suggested that the report should identify the number of completed patient satisfaction surveys used to generate the report.

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

As discussed previously no patient questionnaires were submitted to RQIA prior to the inspection.

All five 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. The following comment was provided:

- "Again all treatment discussed with patients and treatment plans signed each and every time treatment plan changes. Complaints procedure in place if anyone is unhappy"

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

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. Miss Donnelly has overall responsibility for the day to day management of the practice. Mr Andrew Relf, registered person, monitors the quality of services and undertakes visits to the practice routinely in accordance with legislation. A report of the most recent unannounced monitoring visit dated 5 July 2016 was available for review.

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 evidence provided in the returned questionnaire, discussion with Miss Donnelly and review of documentation demonstrated that complaints have been managed in accordance with best practice.

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.

Miss Donnelly 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.

Miss Donnelly, registered manager demonstrated a clear understanding of her 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.

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

Patient and staff views

As discussed previously no patient questionnaires were submitted to RQIA prior to the inspection.

All five submitted staff questionnaire responses indicated that they felt that the service is well led. The following comment was provided:

- "Training always available. Good support network within the practice"

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Karen Donnelly, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences.

It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to 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	
Recommendations	
Recommendation 1 **Ref**: Standard 12.4 **Stated:** Second time **To be completed by:** 06 August 2016	It is recommended that the Glucagon medication is replaced and a revised expiry date is recorded on the medication packaging.
	Response by registered provider detailing the actions taken: new Glucagon ordered and revised date as not stored in the fridge.
Recommendation 2 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 31 August 2016	A copy of the validation certificates for the equipment used to decontaminate reusable dental instruments should be submitted to RQIA on return of this Quality Improvement Plan (QIP).
	Response by registered provider detailing the actions taken: functional test carried out by Henry Schein on 8.7.16 for one washer that is currently in use certificate attached. Both washers are having validations carried out on 8.9.16. Cerificates to follow.
Recommendation 3 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 06 August 2016	In respect of the steam sterilisers all details of the daily automatic control test (ACT) should be recorded in the machine logbooks in keeping with HTM 01-05.
	Response by registered provider detailing the actions taken: all details now being recorded
Recommendation 4 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 31 August 2016	Ensure that RPA reports, within the past three years are available in respect of all x-ray equipment in the practice.
	Response by registered provider detailing the actions taken: RPA reports now in practice
Recommendation 5 **Ref**: Standard 14.2 **Stated:** First time **To be completed by:** 31 August 2016	A copy of the pressure vessel inspection reports produced in keeping with the written scheme of examination should be submitted to RQIA upon return of this QIP.
	Response by registered provider detailing the actions taken: please find attached.

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address*

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