

Announced Care Inspection Report

23 May 2016



Springfield Dental Surgery

Service Type: Dental Service

Address: 74 Springfield Road, Belfast, BT12 7AH

Tel No: 028 9032 2691

Inspector: Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Springfield Dental Surgery took place on 23 May 2016 from 10:00 to 12:30

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

Is care safe?

Observations made, review of documentation and discussion with Mr Eamonn Toner, Registered Person and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Four recommendations have been made in relation to the annual revalidation of the decontamination equipment, establishment of the correct periodic checks for the washer disinfectors, the servicing arrangements for the x-ray equipment and for annual review of the fire risk assessment. In addition issues were identified in relation to the provision of medical emergency equipment and the legionella risk assessment, which were addressed immediately following the inspection.

Is care effective?

Observations made, review of documentation and discussion with Mr Toner 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 Toner 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 identified that further development is needed to ensure that effective leadership and governance arrangements are in place and create a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. The findings in the Is Care Safe? domain would indicate the need to implement more robust governance systems that will ensure equipment is serviced and maintained, and risk assessments are reviewed in keeping with best practice guidance.

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	4

Details of the QIP within this report were discussed with Mr Eamonn Toner, Registered Person as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered person: Mr Eamonn Toner	Registered manager: Mr Eamonn Toner
Person in charge of the service at the time of inspection: Mr Eamonn Toner	Date manager registered: 11 June 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

3.0 Methods/processes

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

During the inspection the inspector met with Mr Toner, Registered Person, the practice manager and two dental nurses. 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 30 September 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 30 September 2015

As above.

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13 Stated: Second time	The hatch between the surgery and decontamination room should be closed and sealed.	Met
	Action taken as confirmed during the inspection: The hatch between Mr Toner's surgery and the decontamination room was observed to have been closed and sealed.	

<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>It is recommended that the cleaning schedule for Mr Toner's dental surgery is further developed to ensure work surfaces are regularly cleaned to prevent the accumulation of dust.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of Mr Toner's surgery confirmed that work surfaces were clean and free from clutter. Several items have been wall mounted which has provided a greater area of work surface space.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>It is recommended that an overarching policy for the management of medical emergencies reflecting best practice guidance should be developed. The policy should include the following information:</p> <ul style="list-style-type: none"> • arrangements for staff training; • list of emergency medicines and equipment available; • the checking procedures for emergency medicines and equipment; • how to summons help in an emergency; • the procedure for documenting medical emergencies; • and the procedure to be followed in regards to staff debriefing following a medical emergency <hr/> <p>Action taken as confirmed during the inspection: A copy of the overarching policy for the management of medical emergencies had been provided to RQIA following the previous inspection, and was seen to be reflective of best practice guidance.</p>	<p>Met</p>

Recommendation 4 Ref: Standard 11.1 Stated: First time	<p>It is recommended that the recruitment and selection policy and procedures are further developed to reflect best practice guidance to include;</p> <ul style="list-style-type: none"> the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; references; employment history; Access NI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies and include a criminal conviction declaration by the applicant. <p>Action taken as confirmed during the inspection: A copy of the reviewed recruitment and selection policy had been provided to RQIA following the previous inspection, and was seen to be reflective of best practice guidance.</p>	Met
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4.3 Is care safe?

Staffing

Two 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 annually. 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.

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 Toner and the practice manager 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 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. Staff were aware of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' and a copy of this new guidance was available in the practice

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. Mr Toner confirmed that the overarching safeguarding policy would be updated to reflect the new adult safeguarding guidance document.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained however it was observed that some of the oropharyngeal airways had exceeded the expiry date. Mr Toner made arrangements to have these items replaced. On 27 May 2016 RQIA received written verification by electronic mail that oropharyngeal airways had been ordered for the practice.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. Mr Toner confirmed that the oropharyngeal airways would be included on the checking list. 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.

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

Infection prevention control and decontamination procedures

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

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

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

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including a washer disinfectant, a steam steriliser and a DAC Universal have been provided to meet the practice requirements. 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. However a monthly soil test had not been undertaken for the washer disinfectant and was discussed with Mr Toner and staff. Mr Toner should consult the washer disinfectant manufacturer's instructions regarding the monthly soil test and take appropriate action. A recommendation has been made in this regard.

Documentation was not available to evidence that equipment used in the decontamination process has been appropriately revalidated on an annual basis. Mr Toner confirmed he would follow this up as a matter of priority. A recommendation has been made in this regard.

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 on 10 May 2016.

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

Radiography

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

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

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

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

Mr Toner was unsure of the servicing requirements of the x-ray equipment provided in the practice. It was agreed that Mr Toner would consult the manufacturer's instructions and take appropriate action. A recommendation has been made to establish service arrangements for each x-ray machine in accordance with respective manufacturer's instructions, the arrangements should be confirmed to RQIA in the returned QIP.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

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

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

A fire risk assessment had been undertaken in 2012, there was no record to verify that the fire risk assessment had been reviewed in the intervening years. Mr Toner was provided with advice and guidance in relation to fire safety. On 26 May 2016 RQIA received an electronic mail from Mr Toner which provided a copy of a new fire risk assessment undertaken for the practice. A recommendation has been made to ensure the fire risk assessment is reviewed annually or more frequently as required.

A legionella risk assessment had been undertaken in July 2011, there was no record to verify that this risk assessment had been reviewed since 2011. Mr Toner was advised that this risk assessment should be regularly reviewed and monitoring arrangements implemented. On 6 June 2016 RQIA received an electronic mail from Mr Toner which provided a copy of a new legionella risk assessment undertaken and a copy of the monitoring arrangements implemented resulting from the risk assessment.

A written scheme of examination of pressure vessels had been undertaken on 27 April 2016.

Patient and staff views

Twenty-two patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- "Happy with everything"
- "Staff are very friendly and make you feel at ease"
- "Was seen quickly after I made appointment: Great Service"
- "I am happy with treatment"
- "Felt safe in clinical environment, good, clean facilities"
- "Staff discuss my treatment before I start"
- "Staff are very good"
- "Excellent dental care"
- "Happy with all care"
- "Nurse was very attentive to all my needs"

Two staff submitted questionnaire responses. Both indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “I feel the training I have received has allowed me to carry out my job well”

Areas for improvement

The registered person should consult the washer disinfectant manufacturer's instructions regarding the monthly soil test and take appropriate action.

Arrangements should be established to ensure that all decontamination equipment is validated in accordance with HTM 01-05.

The registered person should review the manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.

The fire risk assessment should be reviewed annually or more frequently as required.

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

Clinical records

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

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and 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.

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

Health promotion

Mr Toner and staff confirmed that the practice has a strategy for the promotion of oral health and hygiene. There was a variety of information available in the waiting area promoting oral health. Mr Toner 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:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- annual patient consultation

Communication

Mr Toner 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 in house training sessions. Staff confirmed that in addition to monthly staff meetings, they meet regularly for a working lunch outside the practice, which they feel promotes staff cohesion and team building. Commitment to communication within the practice was seen to be supportive of staff and promote good working relations. This is good practice.

Staff confirmed that there are very 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 22 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:

- “Very happy with staff”
- “Can discuss anything with nurses”
- “If ever in pain, will always see me promptly”
- “I was seen quickly when needed”
- “I am happy with treatment”
- “Seen at short notice, care discussed before procedures”

Both 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. The following comment was provided:

- “I believe patients receive a high standard of care, record keeping is done when the patient is in the chair and Mr Toner gets us to write down everything important at the time”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	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. Mr Toner and staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. There were no patients present during the inspection however staff demonstrated their knowledge and ability 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.

A significant number of patient questionnaires provided additional comments which were very complimentary of the care and treatment provided by the dental practice, a sample of comments are included throughout the report.

Patient and staff views

All of the 22 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:

- "The dentist discussed my treatment choices with me and explained the charges"
- "Felt understood about regarding injections/local anaesthetics"
- "Easy to talk in private"
- "Very good care"
- "I was seen very quickly and it was out of hours with an appointment to suit me"
- "With upmost care and respect"
- "I am very happy with the service I receive"

Both 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. The following comment was provided:

- “Our patients are always involved in any decisions involving their treatment and we always get their consent and make sure it’s what they want”.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed 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 evidence provided in the returned questionnaire indicated 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.

Mr Toner confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Toner demonstrated a clear understanding of his role and responsibility in accordance with legislation. However areas identified in the Is Care Safe? domain indicate that more robust governance systems should be implemented to ensure equipment is serviced and maintained, and risk assessments are reviewed in keeping with best practice guidance.

The practice manager 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 22 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- "Good communication"
- "Can get appointments that suits"
- "Yes everything is explained very carefully and to my understanding"
- "Very helpful staff"
- "The staff are very helpful and pleasant and can answer questions"
- "First class dental practice"
- "Very happy care"
- "Very happy with service"

Both submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. The following comment was provided:

- "All staff are fully aware of who we approach if we have any concerns or complaints also concerning patients".

Areas for improvement

No areas for improvement were identified during the inspection.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Toner, Registered Person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Independent.Healthcare@rqia.org.uk and assessed 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 person/manager 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 person/manager 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 13 Stated: First time To be completed by: 23 June 2016	<p>The registered person should consult the washer disinfectant manufacturer's instructions regarding the monthly soil test and take appropriate action.</p> <p>Response by registered person detailing the actions taken: Monthly soil testing has now been instituted and is recorded in the maintenance book</p>
Recommendation 2 Ref: Standard 13 Stated: First time To be completed by: 23 June 2016	<p>Arrangements should be established to ensure that decontamination equipment is validated in accordance with HTM 01-05 guidance.</p> <p>Response by registered person detailing the actions taken: Validation of WD, two autoclaves and DAC carried out by Tech-Medic on 16 June 2016 by Mr Gribben</p>
Recommendation 3 Ref: Standard 8.3 Stated: First time To be completed by: 23 June 2016	<p>The registered person should review the manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. The arrangements should be confirmed to RQIA in the returned QIP.</p> <p>Response by registered person detailing the actions taken: Function test carried out by Dekark Ltd on 16 June 2016</p>
Recommendation 4 Ref: Standard 14 Stated: First time To be completed by: 23 June 2016	<p>The registered person should ensure the fire risk assessment is reviewed at least annually.</p> <p>Response by registered person detailing the actions taken: Please see enc copy of review of Fire assessment</p>

REGULATION AND QUALITY
 20 JUN 2016
 IMPROVEMENT AUTHORITY



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