

# Announced Care Inspection and Variation to Registration Inspection Report 24 May 2017



## Railway Dental Care

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

**Address: 9 Railway Street, Strabane BT82 8EG**

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**Inspector: Carmel McKeegan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Railway Dental Care took place on 24 May 2017 from 10.45 to 12.45.

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

The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with an application of variation, made to RQIA, to increase the number of dental chairs from one to two. The variation to registration application was approved following this inspection.

### Is care safe?

Observations made, review of documentation and discussion with Mr Gordon Kennedy, registered person and the practice manager demonstrated that systems and processes were in place to ensure that care to patients was 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. No requirements or recommendations have been made.

### Is care effective?

Observations made, review of documentation and discussion with Mr Kennedy and the practice manager 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 Kennedy and the practice manager 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 person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the

Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Gordon Kennedy, registered person, as part of the inspection process and can be found in the main body of the report.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Gordon John Kennedy	<b>Registered manager:</b> Mr Gordon Kennedy
<b>Person in charge of the practice at the time of inspection:</b> Mr Gordon Kennedy	<b>Date manager registered:</b> 4 March 2013
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 1 increasing to 2 following the inspection

### 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.

The application of variation and associated submitted documentation to move premises and increase the number of registered dental chairs from one to two was also reviewed.

During the inspection the inspector met with Mr Gordon Kennedy, registered person and the practice manager. 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 5 January 2017**

The most recent inspection of the establishment was an Unannounced Enforcement Compliance inspection. No requirements or recommendations were made during this inspection.

**4.2 Review of requirements and recommendations from the last care inspection dated 1 December 2016**

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 18 (2) (a) <b>Stated:</b> First time	All staff must complete medical emergency refresher training to include the use of an automated external defibrillator (AED).  Arrangements must be established to ensure medical emergency refresher training is completed on an annual basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with Mr Kennedy and review of documentation confirmed that staff had completed medical emergency refresher training which included the use of the AED, in February 2017.  Mr Kennedy stated that this training would be provided annually for all staff members.	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 18 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>A robust system must be established to ensure that all staff have completed refresher training in the safeguarding of children and the protection of adults at risk of harm or abuse every two years in keeping with the Minimum Standards for Dental Care and Treatment 2011.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records and discussion with Mr Kennedy and the practice manager demonstrated that staff have undertaken safeguarding of children and the protection of adults at risk of harm or abuse training on 15 December 2016 and it was confirmed this will be completed every two years.</p>		
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 25 (2) (d)</p> <p><b>Stated:</b> First time</p>	<p>Chemicals must be appropriately stored in keeping with COSHH regulations and staff should be made aware of their responsibilities under COSHH regulations.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations on the day of this inspection confirmed that all substances were appropriately stored.</p>		
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 25 (2) (d)</p> <p><b>Stated:</b> First time</p>	<p>The vinyl flooring at the entrance door to the toilet on the ground floor should be repaired where it is lifting.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The vinyl flooring was observed to have been repaired.</p>		
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 12. 1</p> <p><b>Stated:</b> First time</p>	<p>The protocol for the management of cardiac emergencies should be further developed to include the arrangements for the use of an AED. Once developed this should be shared with staff.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The protocol for the management of cardiac emergencies included the arrangements for the use of an AED. Staff confirmed this was included in the medical emergency training provided in February 2017.</p>		

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p>	<p>X-ray quality grading and justification and clinical evaluation recording audits should be completed in keeping with legislative and best practice requirements.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Mr Kennedy and review of records confirmed that x-ray quality grading and justification and clinical evaluation recording audits had been completed, and Mr Kennedy confirmed that the six monthly x-ray quality grading audit will be completed in June 2017.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> Second time</p>	<p>Mr Kennedy should implement a system for appraising staff performance at least on an annual basis.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Mr Kennedy, staff and review of records confirmed that annual appraisals had been undertaken.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> Second time</p>	<p>Establish a system for recording and verifying each AccessNI enhanced disclosure check received to include the following:</p> <ul style="list-style-type: none"> <li>• a record of the date that the application form was submitted to the umbrella organisation</li> <li>• a record of the date the enhanced disclosure was received by the practice</li> <li>• a record of the unique AccessNI reference number on the disclosure certificate</li> <li>• the outcome of the registered provider's consideration of that certificate</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the submitted staffing information and discussion with Mr Kennedy and staff confirmed that no staff have been recruited since the previous inspection. Mr Kennedy demonstrated he was aware that the above outlined information must be retained in respect of AccessNI enhanced disclosure checks undertaken for any new person commencing work in the practice.</p>		

### 4.3 Is care safe?

#### Staffing

Two dental surgeries are operational in this practice. However, only the dental surgery on the first floor of the practice is registered with RQIA. Mr Kennedy confirmed that the dental surgery on the ground floor of the practice has been operational since January 2016 providing NHS dental care and treatment only. An application to vary the registration, by increasing the number of registered dental chairs from one to two was received by RQIA. The variation to registration application was approved following this inspection.

Discussion with Mr Kennedy, the practice manager 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, it was confirmed that induction programme templates were in place relevant to specific roles within the practice.

Procedures were in place for appraising staff performance, and as previously discussed it was confirmed staff that since the previous inspection staff appraisals had been implemented. The practice manager stated that staff 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. Staff training records and courses undertaken were retained within individual staff personnel/development folders.

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 Kennedy 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 will be 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.

A recruitment policy and procedure was available which had been reviewed at the previous inspection.

#### 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, and that all staff including the safeguarding lead have completed Level 2 training in safeguarding

adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) Training Strategy (revised 2016).

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

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 the safeguarding policies have been updated to reflect the above regional policy and guidance.

### **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. 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. Management of medical emergency training was undertaken February 2017; Mr Kennedy and the practice manager confirmed this training will be 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**

Dental practices in Northern Ireland have been directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012.

A copy of the 2013 edition of HTM 01-05 was available at the practice for staff reference. Discussion with staff demonstrated that they were familiar with best practice guidance. It was confirmed that the practice continues to audit compliance with HTM 01-05, six monthly, using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed on 16 May 2017.

The practice has a separate dedicated decontamination room. The decontamination room adequately meets the practice requirements and facilitates the flow from dirty through to clean



areas for the cleaning and sterilising of reusable instruments. The position of the illuminated examination light to examine dental instruments following processing in the washer disinfectant was discussed with the practice manager who repositioned the light to ensure the 'dirty' to 'clean' flow in the processing of dental instruments was maintained.

Discussion with the practice manager evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfectant and a steam steriliser, have been provided to meet the practice requirements. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. It was noted that the washer disinfectant was out of order and the respective logbook had been updated in this regard; records also verified that the machine had been reported to the engineer and was awaiting repair. The practice manager confirmed that in the interim, all dental instruments were manually cleaned and then processed in the steriliser. The practice manager confirmed the needs of the practice were being met in this regard.

Clinical and decontamination areas were tidy and, in general, uncluttered, and work surfaces were intact and easy to clean. Mr Kennedy was advised that de-cluttering in his surgery would simplify the cleaning regime for this area.

Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. There was evidence to verify that staff applied best practice in terms of the uniform and hand hygiene policies.

The arrangements in regards to the dental surgery, in respect of the application of variation, on the ground floor of the practice were reviewed. It was observed that the flooring in the surgery was impervious and coved where it meets the walls and kicker boards of cabinetry. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean. It was observed that both dental surgeries are wallpapered with embossed wallpaper that has been painted. Mr Kennedy was advised that during the next planned refurbishment of the dental surgeries the use of wallpaper should be avoided in accordance with best practice guidance.

The practice manager confirmed that staff had an understanding of the policies and procedures and were aware of their roles and responsibilities. Staff training records were available to confirm that all staff have received training in infection prevention and control and decontamination in keeping with best practice.

Appropriate arrangements were in place for the management of waste, including sharps. The dental unit water lines were being managed in keeping with good practice.

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

## **Radiography**

The practice has two surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG). Mr Kennedy confirmed that the OPG has been decommissioned and is not in use.

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 x-ray audits and rectangular collimation.

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

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

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

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

## **Environment**

The environment was maintained to a fair 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 to include routine servicing of the oil central heating burner, intruder alarm and firefighting equipment. Portable appliance testing (PAT) of electrical equipment is undertaken on an annual basis.

Mr Kennedy confirmed that a legionella risk assessment was completed in house and arrangements are in place to review this annually. Water temperatures are monitored and recorded as recommended.

Mr Kennedy confirmed that a fire risk assessment was completed in house and that arrangements are in place to review this annually. A fire detection system to include a fire panel, emergency break glass points and emergency lighting were available in the practice. Records were retained to confirm the fire detection system is serviced and regular checks undertaken.

A written scheme of examination of pressure vessels had been established and the last pressure vessel examination was undertaken on 18 November 2016.

## **Patient and staff views**

Seven patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Six patients indicated they were very satisfied with this aspect of care and one patient indicated they were satisfied. No comments were included in submitted questionnaire responses.

Five staff submitted questionnaire responses and indicated that they felt that patients are safe and protected from harm, and each had indicated that 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 for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.4 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. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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

### Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Mr Kennedy confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of oral health information leaflets are available in the practice.

### 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
- Patient satisfaction survey

## Communication

Mr Kennedy and the practice manager 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 have been established and are held on a regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

Mr Kennedy and the practice manager felt that there are good working relationships and there is an open and transparent culture within the practice.

## Patient and staff views

All of the seven patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Six patients indicated they were very satisfied with this aspect of care and one patient indicated they were satisfied. No comments were included in submitted questionnaire responses.

Five submitted staff questionnaire responses indicated that staff felt that patients get the right care, at the right time and with the best outcome for them. All staff members 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 for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.5 Is care compassionate?

### Dignity, respect and involvement in decision making

Mr Kennedy and the practice manager demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. It was confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected.

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, undertaken in March 2017, 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 seven patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Six patients indicated they were very satisfied with this aspect of care and one patient indicated they were satisfied. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Four staff indicated they were very satisfied with this aspect of care and one patient indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## **4.6 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 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 available in the practice. Mr Kennedy and the practice manager demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. Review of the completed complaints questionnaire evidenced 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 Kennedy and the practice manager 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 Kennedy demonstrated a clear understanding of his and responsibility in accordance with legislation. 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 seven patients who submitted questionnaire responses indicated that they felt that the service is well managed. Six patients indicated they were very satisfied with this aspect of the service and one patient indicated they were satisfied. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that the service is well led and 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 for improvement**

No areas for improvement were identified during the inspection.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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