

# Announced Care Inspection Report 20 October 2017



## Hamilton Road Dental

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

**Address: 42 Hamilton Road, Bangor BT20 4LE**

**Tel No: 028 9127 2525**

**Inspector: Stephen O'Connor**

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

Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a registered dental practice with four registered places.

### 3.0 Service details

<b>Organisation/Registered Person:</b> Hamilton Road Dental Care Ltd Mr Jonathan Millar	<b>Registered Manager:</b> Mr Jonathan Millar
<b>Person in charge at the time of inspection:</b> Mr Jonathan Millar	<b>Date manager registered:</b> 7 March 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

### 4.0 Inspection summary

An announced inspection took place on 20 October 2017 from 09:55 to 12:35.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; The Independent Health Care Regulations (Northern Ireland) 2005; The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011; and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development; safeguarding; infection prevention and control; radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Two areas requiring improvement against the regulations were identified; one to ensure that AccessNI enhanced disclosure checks are sought, reviewed and the outcome recorded prior to any new staff commencing work, and one to ensure that all records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 are sought and retained.

Two areas of improvement against the standards were also made; one to further update the recruitment policy to ensure it fully reflects best practice guidance, and one to review the supply of Buccolam pre-filled syringes in keeping with best practice guidance.

No patient questionnaire responses were submitted to RQIA prior to the inspection.

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

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

Details of the Quality Improvement Plan (QIP) were discussed with the practice 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 14 December 2016

No further actions were required to be taken following the most recent care inspection on 14 December 2016.

#### 5.0 How we inspect

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

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

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed staff questionnaires were analysed prior to the inspection. No completed patient questionnaires were submitted to RQIA prior to the inspection.

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

During the inspection the inspector met with Mr Jonathan Millar, registered person; the practice manager; an associate dentist and a receptionist. Mr Millar was available at the beginning of the inspection; the practice manager facilitated the inspection. A tour of some areas of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies

- infection prevention and control and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

The findings of the inspection were provided to the practice manager at the conclusion of the inspection. Following the inspection the findings of the inspection were also discussed with Mr Millar during a telephone conversation on 31 October 2017.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 14 December 2016

The most recent inspection of the practice was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 14 December 2016

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

## Staffing

Four dental surgeries are in operation in this practice. Discussion with staff and a review of completed staff questionnaires demonstrated that there were 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 review of records evidenced that an induction programme had been completed for one of the two new members of staff. No records were available to confirm that the second staff member had completed an induction. This is discussed further under recruitment and selection below.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about

their personal development. A review of a sample of one evidenced that appraisals had been completed on an annual basis. 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. The professional indemnity certificate for Mr Millar was available for review during the inspection. The professional indemnity certificates for the clinical staff who require individual indemnity cover were not available for review. These were submitted to RQIA by email following the inspection and assurances provided that these would be retained in the practice and available for inspection in the future.

## **Recruitment and selection**

A review of the submitted staffing information and discussion with the practice manager confirmed that two staff had been recruited since the previous inspection. A review of personnel files for the identified staff evidenced that all documents as outlined in Schedule 2 had been sought and retained in respect of one of the staff members. However in respect of the second staff member, a review of their personnel file evidenced that two written references; an employment history, to include an explanation of any gaps in employment if applicable; a contract of employment and medical records to confirm that the person was fit for their role and responsibilities; and a record of induction were not available.

This review also evidenced that the AccessNI enhanced disclosure check for this staff member was issued some 18 days after they commenced work in the practice. These issues were discussed with the practice manager during the inspection and with Mr Millar during a telephone conversation on 31 October 2017.

Issues in relation to AccessNI enhanced disclosure checks and staff recruitment records had been identified during a previous inspection on 18 January 2016. An area for improvement against the regulations and an area for improvement against the standards had been made to address the identified issues.

During the announced inspection on 14 December 2016 it was identified that two staff had been recruited since the previous inspection and that compliance with the areas for improvement against the regulations and standards identified during the inspection on 18 January 2016 had been met.

It is disappointing to note that despite issues with AccessNI enhanced disclosure checks and recruitment and selection having been identified previously and compliance achieved, issues have again been identified. Despite having raised these matters during a previous inspection RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have again been compromised.

Two areas for improvement against the regulations have been made in relation to AccessNI enhanced disclosure checks and staff recruitment records.

Review of the recruitment policy evidenced that although it makes reference to AccessNI enhanced disclosure checks it does not specify that the check should be sought and reviewed prior to commencement of work. An area for improvement against the standards has been made to address this.

## **Safeguarding**

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

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

One overarching policy was in place for the safeguarding and protection of adults and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. The practice manager confirmed that the information within the policy in respect of safeguarding adults had been updated to reflect the regional best practice guidance document below.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). It was observed that Buccolam 10mg pre-filled syringes were available in the practice. The safe administration of Buccolam pre-filled syringes in the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) was discussed with an associate dentist. An area for improvement against the standards has been made to review the provision of Buccolam pre-filled syringes.

A review of the medical emergency equipment evidenced 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 and training is updated on an annual basis in keeping with best practice guidance. The most recent occasion that staff completed medical emergency refresher training was during November 2016.

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.

A policy for the management of medical emergencies and protocols outlining the local procedure for dealing with the various medical emergencies were available for staff reference.

## **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 with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and a steam steriliser, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated during December 2016. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during September 2017.

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

## **Radiography**

The practice has four 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 and x-ray audits.

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.

Confirmation that the x-ray equipment was serviced and maintained in accordance with manufacturer's instructions was submitted to RQIA by email on 30 October 2017.



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.

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 and maintenance of the gas central heating burner, intruder alarm, fire detection system and firefighting equipment. Arrangements are also in place to ensure that portable appliance testing (PAT) of electrical equipment is undertaken and that the fixed electrical wiring installations are inspected.

The fire risk assessment was undertaken by an external organisation. Routine checks are undertaken in respect of the fire detection system, fire drills and fire safety awareness training and provided in house.

The legionella risk assessment was undertaken by an external organisation and water temperatures are monitored and recorded.

The practice manager confirmed that the fire and legionella risk assessments are reviewed on an annual basis.

A review of documents evidenced that the pressure vessels in the practice were inspected in keeping with the written scheme of examination.

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

## **Patient and staff views**

No patient questionnaire responses were submitted to RQIA prior to the inspection. The practice manager confirmed that the RQIA patient questionnaires were distributed to patients by reception staff.

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

## **Areas of good practice**

There were examples of good practice found in relation to induction; training; appraisal; safeguarding; infection prevention control and decontamination procedures; radiology and the environment.

## Areas for improvement

AccessNI enhanced disclosure checks should be undertaken and received prior to any new staff commencing work in the future.

All information as outlined in Regulation 19, Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 must be sought and retained for newly recruited staff.

The practice recruitment policy should be further developed to ensure it fully reflects best practice guidance.

Review the supply of Buccolam pre-filled syringes available to ensure that there is sufficient supply to safely administer all four doses and a second dose, if required, as recommended by the Health and Social Care Board (HSCB).

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

### 6.5 Is care effective?

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

## Clinical records

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

Mr Millar confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was also 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 practice manager 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. Oral health is actively promoted on an individual level with patients during their consultations and when appropriate patients are referred to the hygienist. A range of resources to include information leaflets, demonstration models and an intra-oral camera is available for use during oral hygiene discussions. Intra-oral camera helps patients to see for themselves exactly what is happening in their mouth so that they can make informed decisions about what to do. The provision of an intra-oral camera exceeds best practice guidance. A range of oral healthcare products are available for purchase and samples of products are freely distributed to patients. Mr Millar has published articles in local newspapers and he is in the process of developing an outreach programme. It was confirmed that the practice Facebook page and website includes information in regards to oral health and hygiene.

## 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

## Communication

Mr Millar confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

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

## Staff views

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

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

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

## Dignity, respect and involvement in decision making

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

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

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

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

A policy and procedure was in place in relation to confidentiality.

## Staff views

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

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

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

## Management and governance arrangements

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

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on 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. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

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

Mr Millar 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 Millar, registered person demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

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

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

### Staff views

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

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with practice manager at the conclusion of the inspection and with Mr Jonathan Millar, registered person during a telephone conversation on 31 October 2017. The timescales commence from the date of inspection.

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

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

## 7.1 Areas for improvement

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

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

## 7.2 Actions to be taken by the service

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> First time  <b>To be completed by:</b> 20 October 2017	The registered person must ensure that AccessNI enhanced disclosure checks are sought and retained prior to any new staff, including self-employed staff commencing work in the future.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> We have reviewed our recruitment policy and made changes to ensure any new staff files are checked and reviewed by both the practice manager and the practice principle before employment commences.
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> First time  <b>To be completed by:</b> 20 October 2017	The registered person shall ensure that all information as outlined in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 is sought and retained for newly recruited staff. <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> We have reviewed our recruitment policy and made changes to ensure any new staff files are checked and reviewed by both the practice manager and the practice principle before employment commences
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be completed by:</b> 20 November 2017	The practice recruitment policy should be further developed to specify that AccessNI enhanced disclosure checks are sought, reviewed and the outcome recorded, prior to any new staff, including self-employed staff commencing work in the practice.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> We have reviewed our recruitment policy and made changes to ensure any new staff files are checked and reviewed by both the

	practice manager and the practice principle before employment commences
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 November 2017</p>	<p>The supply of Buccolam pre-filled syringes should be reviewed to ensure that there is sufficient supply available to safely administer the various doses and a second dose, if required, in keeping with the Health and Social Care Board (HSCB).</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The buccolam solution prefilled syringes are now ordered in two sizes(2.5mg &amp; 5mg) to ensure that there is sufficient supply to safely administer the various doeses and a second dose if required.</p>

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





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