

# Announced Care Inspection Report 24 October 2017



## Orchard Family Dental

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

Address: 62 Catherine Street, Limavady, BT49 9DB

Tel No: 028 77722464

Inspector: Norma Munn

[www.rqia.org.uk](http://www.rqia.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 five registered places.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Ms Stephanie Desmond	<b>Registered Manager:</b> Ms Stephanie Desmond
<b>Person in charge at the time of inspection:</b> Ms Stephanie Desmond	<b>Date manager registered:</b> 14 June 2013
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

### 4.0 Inspection summary

An announced inspection took place on 24 October 2017 from 11.00 to 14.00.

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 development, infection prevention control and decontamination, the management of medical emergencies and the environment. Other examples included health promotion and governance arrangements.

One area requiring improvement under the regulations has been made. This relates to ensuring that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained.

Four areas requiring improvement under the standards have been made. These relate to the further development of the safeguarding policies, the provision of safeguarding training, the servicing of the x-ray machines and compiling a patient satisfaction report on at least an annual basis.

Patients who submitted questionnaire responses to RQIA indicated they were very satisfied or satisfied with all aspects of care in the practice.

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

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

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 17 November 2016

No further actions were required to be taken following the most recent inspection on 17 November 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 patient and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspector met with Ms Stephanie Desmond, registered person, the practice manager and two dental nurses. 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.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 17 November 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 17 November 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**

Five 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.

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

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. 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 Ms Desmond confirmed that three staff had been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.

The following was noted in the three files reviewed:

- evidence that an enhanced AccessNI check was received prior to commencement of employment
- two written references were provided in one file and one written reference in the other two files
- a full employment history, together with a satisfactory written explanation of any gaps in employment
- documentary evidence of qualifications, where applicable
- evidence of current GDC registration, where applicable

None of the files reviewed contained positive proof of identity, a criminal conviction declaration or confirmation that the person was physically and mentally fit to fulfil their duties and two of the files contained only one reference. Ms Desmond was advised that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for any new staff employed. An area of improvement under the regulations has been made in this regard.

There was a recruitment policy and procedure available. A minor amendment was made to the policy on the day of the inspection to ensure that the policy reflected best practice guidance.

## **Safeguarding**

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

Review of records and discussion with staff demonstrated that not all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. An area of improvement under the standards has been made in this regard.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included some of 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 policies reviewed did not fully reflect the regional policies and best practice guidance. An area of improvement under the standards has been made in this regard.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016), the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and the 'Adult Safeguarding Operational Procedures' (September 2016) were 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self-inflating bag with reservoir suitable for use with a child. Following the inspection RQIA received confirmation that this item had been provided.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies. However, some of the protocols displayed were out of date and Ms Desmond agreed to remove these on the day of the inspection.

### **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 advised to replace the fabric hand towel in the staff toilet with wall mounted disposable hand towels and to provide pedal or sensor operated waste bins in clinical areas, in keeping with best practice.

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 two steam sterilisers had been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool on a six monthly basis.

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

## **Radiography**

The practice has five 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 and discussion with the practice manager demonstrated that the recommendations made have been addressed.

There was no evidence to confirm that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions. This was discussed with Ms Desmond and assurances were given that advice would be sought in relation to how often the x-ray equipment would be serviced. An area of improvement under the standards has been made in this regard.

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 and a colour coded cleaning system was in place.



Arrangements were in place for maintaining the environment that included the servicing of gas boiler, fire detection systems and fire-fighting equipment.

A legionella risk assessment was last undertaken in October 2017 and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken during October 2017 and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

Review of records confirmed that the pressure vessels in the practice have been inspected during February 2017 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**

Sixteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Fifteen patients indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. Comments provided included the following:

- “Friendly and helpful staff. Caring and Compassionate.”
- “Staff are always very willing to spend time explaining and discussing treatment, prices etc.”
- “Great environment, very caring dentist, receptionist.”
- “The refurbishment premises are clean and invitational, reception staff tidy and clean appearance.”

Eleven staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Eight staff indicated that they were very satisfied with this aspect of care and three indicated that 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, appraisal, infection prevention control and decontamination procedures, the management of medical emergencies and the environment.

### **Areas for improvement**

All information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, should be sought and retained for all staff, including self-employed staff, who commence work in the future.

All staff should receive training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011 and in keeping with the Northern Ireland Adult

Safeguarding Partnership (NIASP) training strategy (revised 2016) and the Safeguarding Board for Northern Ireland (SBNI).

The safeguarding policies should be further developed to ensure they fully reflect regional and best practice guidance. The updated policies should be shared with staff.

All x-ray equipment should be serviced and maintained in accordance with manufacturer's instructions.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

### 6.5 Is care effective?

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

#### Clinical records

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

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

#### Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of health promotion leaflets available in the reception area and items were available to purchase. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations with the dentists and dental hygienist.

#### 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
- review of complaints/accidents/incidents

## **Communication**

It was confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings 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 and formal in house training sessions.

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

A breaking bad news policy in respect of dentistry was in place.

## **Patient and staff views**

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Fourteen patients indicated that they were very satisfied with this aspect of care and two indicated that they were satisfied. Comments provided included the following:

- “Clear and effective communication.”
- “The staff are very efficient and courteous.”
- “All options have always been discussed prior to my treatment.”
- “Given excellent care for all my family.”
- “My dentist will discuss options available prior to treatment.”

All 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. Ten staff indicated that they were very satisfied with this aspect of care and one indicated that 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 ensures that patients understand what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

Ms Desmond confirmed that the practice undertakes patient satisfaction surveys on an annual basis. However a patient satisfaction report was not available to review. It was advised that an anonymised report, detailing the main findings of all means by which patients provide feedback in regards to the quality of care and treatment, is generated at least on an annual basis. The report should be made available to patients and other interested parties. An area for improvement under the standards has been made in this regard.

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

### Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Fifteen patients indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. Comments provided included the following:

- "All friendly and helpful."
- "I feel made most welcome and I even look forward now to visiting the dentist."
- "I have always felt fully included as regards picking treatment options suitable to me. Dentist very good at explaining all options."
- "Yes, I am given a choice about my mouth care."
- "My dentist treats me with respect and is mindful of any aspect of treatment that is likely to cause discomfort or pain."

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. Nine staff indicated that they were very satisfied with this aspect of care and two indicated that 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

A patient satisfaction report should be generated on at least an annual basis.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>

#### 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.

Ms Desmond is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. The practice manager confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. It was advised that dates should be recorded on all policies when reviewed. 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. A minor amendment was made to the complaints policy on the day of the inspection. 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.

Ms Desmond 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.

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

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

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

### **Patient and staff views**

All of the patients who submitted questionnaire responses indicated that they felt that the service is well led. Fifteen patients indicated that they were very satisfied with this aspect of the service and one indicated that they were satisfied. Comments provided included the following:

- “Excellent all round from receptionists to dentist. Very helpful and accommodating.”
- “ xxx is a star!”
- “I have always been given estimates before treatment so I have always known what is due to be done.”
- “Appointments are mostly on time, text alerts on upcoming appointments are very useful. In the event of emergencies I am usually able to secure an early appointment.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. Ten staff indicated that they were very satisfied with this aspect of the service and one indicated that 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 the practice manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 7.1 Areas for improvement

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

## 7.2 Actions to be taken by the service

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

## Quality Improvement Plan

### Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 November 2017</p>	<p>The registered person shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff including self-employed staff who commence work in the future.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Our recruitment policy has been updated to reflect Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. All information in schedule 2 will be sought and retained for any future staff members.</p>

### Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 December 2017</p>	<p>The registered person shall ensure that all staff receive training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.</p> <p>The level and contents of the training should be keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and the Safeguarding Board for Northern Ireland (SBNI).</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Safeguarding children and adults training has been arranged for all staff.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 December 2017</p>	<p>The registered person shall ensure that the safeguarding policies are updated to fully reflect the regional policy and guidance documents entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016). Once updated the policies should be shared with staff.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>policies have been updated and shared with staff.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.4</p>	<p>The registered person shall ensure that the intra oral x-ray machines are serviced and maintained in accordance with manufacturer's instructions.</p>



<b>Stated:</b> First time	Ref: 6.4
<b>To be completed by:</b> 24 November 2017	<b>Response by registered person detailing the actions taken:</b> intra oral x-ray machines were serviced on 2 <sup>nd</sup> November 2017
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 9  <b>Stated:</b> First time  <b>To be completed by:</b> 24 December 2017	<p>The registered person shall ensure that an anonymised report detailing the main findings of all means by which patients provide feedback in regards to the quality of care and treatment is generated on at least an annual basis.</p> <p>The report should be made available to patients and other interested parties.</p> Ref: 6.6
	<b>Response by registered person detailing the actions taken:</b> A patient satisfaction survey report is compiled every year. The most recent one was done in October of this year and is available for all interested parties.

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



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 @RQIANews