

# Announced Care Inspection Report 7 February and 7 March 2017



## The Dental Centre

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

**Address: 315-317 Donegall Road, Belfast, BT12 6FQ**

**Tel no: 028 9032 8765**

**Inspector: Carmel McKeegan**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of The Dental Centre took place on 7 February 2017 from 10.00 to 13.20. As some of the required documentation was not available on the day, the inspection continued on 7 March 2017 from 10.30 to 11.30.

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.

### **Is care safe?**

Observations made, review of documentation and discussion with Mr Jan Gilbert, registered person, and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Eight recommendations have been made, of which three were to improve the radiography quality assurance systems and processes. Two recommendations were made in relation to the decontamination arrangements, one to maintain work surfaces clutter free and the other to establish arrangements for the annual revalidation of the equipment used in the decontamination process. The other three recommendations were to implement a formal annual appraisal process for staff, to provide safeguarding training for staff and to review the fire risk assessment and provide fire training for staff.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr Gilbert and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. One recommendation was made to maintain minutes of staff meetings.

### **Is care compassionate?**

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

### **Is the service well led?**

Information gathered during the inspection evidenced that in the main there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. As discussed above a number of issues were identified within the Is care safe and Is care effective domains which relate to quality assurance and good governance. Implementation of the recommendations made under the Is care safe and Is care effective domains will further enhance the governance arrangements in the practice. 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	9

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Jan Gilbert, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 19 November 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Jan Gilbert	<b>Registered manager:</b> Mr Jan Gilbert
<b>Person in charge of the practice at the time of inspection:</b> Mr Jan Gilbert	<b>Date manager registered:</b> 4 October 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

### 3.0 Methods/processes

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

During the inspection the inspector met with Mr Jan Gilbert, registered person and two dental nurses, one of whom was undertaking reception duties. 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 19 November 2015

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 19 November 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13 <b>Stated:</b> Second time	It is recommended that the Infection Prevention Society (IPS) audit tool (2013 edition) should be undertaken six monthly in accordance with HTM 01-05.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that the IPS audit tool has been completed six monthly.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that advice and guidance should be sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <p><b>Action taken as confirmed during the inspection:</b> An AED is now provided in the establishment and staff confirmed they had received training in this regard.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that a recruitment and selection policy and procedures are developed to reflect best practice guidance to include;</p> <ul style="list-style-type: none"> <li>• the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; proof of ID including a photograph; employment checks; employment history; two written references; Access NI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies; professional indemnity cover where applicable and include a criminal conviction declaration by the applicant.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> A recruitment policy has been developed and was seen to contain the information as recommended.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that staff personnel files for newly recruited staff, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, including two written references.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with Mr Gilbert confirmed that three new staff had commenced work in the practice since the previous inspection. Review of the three staff member's personnel files confirmed that all documentation as specified in in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, was provided.</p>	<p><b>Met</b></p>

<b>Recommendation 5</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time	It is recommended that AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of three new staff members' recruitment records confirmed the Access NI enhanced disclosure certificates were handled as recommended.	

### 4.3 Is care safe?

#### Staffing

Two dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates are in place relevant to specific roles within the practice. Discussion with staff confirmed they had each completed an induction programme on commencement of employment. A review of three staff member's personnel files evidenced that an induction programme was completed when they joined the practice.

Mr Gilbert confirmed that no formal arrangements were in place for appraising staff performance. However, should staff performance issues be identified they are managed at the time. A recommendation has been made that a system should be implemented for appraising staff performance at least on an annual basis.

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 Gilbert confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

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

#### Safeguarding

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

A safeguarding children and adults policy and procedure was in place. 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 regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) was available for staff reference. A copy of the 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016), regional guidance document, was emailed to the practice following the inspection. Mr Gilbert confirmed the safeguarding children and adults policy will be reviewed to reflect the new regional guidance.

Review of the induction programme for new staff verified that safeguarding awareness training was provided in-house for new staff. However there were no records of training to verify that Mr Gilbert and staff working in the practice had undertaken safeguarding refresher training, every two years, as outlined in the Minimum Standards for Dental Care and Treatment 2011 a recommendation was made in this regard.

### **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self-inflating bag with reservoir suitable for a child, oropharyngeal airways in sizes 0,1,2,3 & 4 that are single use, wrapped and dated, and also clear oxygen masks in adult and child sizes with oxygen tubing. On 15 March 2017 RQIA received an email from Mr Gilbert confirming that oropharyngeal airways in sizes 0,1,2,3 & 4, a self-inflating bag with reservoir suitable for a child and clear oxygen masks in adult and child sizes with oxygen tubing, had been ordered.

A 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.

### **Infection prevention control and decontamination procedures**

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

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and a steam steriliser have been provided to meet the practice requirements.

The work surfaces were observed to be cluttered with several boxes and other items surplus to requirement, a recommendation was made that work surfaces are not used for storage and are kept free from clutter in order to facilitate effective cleaning.

A review of documentation evidenced that equipment used in the decontamination process had been validated in November 2014. In accordance with Health Technical Memorandum (HTM) 01-05 equipment used in the decontamination process should be revalidated on an annual basis. On 15 March Mr Gilbert confirmed by email that the washer disinfectant and the steam steriliser would be revalidated on 24 March 2017. A recommendation has been made to established arrangements to ensure the equipment used in the decontamination process is revalidated on an annual basis. A copy of the validation certificates should be submitted to RQIA with the returned (Quality Improvement Plan) QIP.

A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with 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 which is completed six monthly. Records were retained in this regard.

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

## **Radiography**

The practice has two surgeries, one of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

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 the file was not up-to-date and the following issues were identified.

A radiation protection advisor (RPA) had been appointed, records available indicated that the radiation protection advisor (RPA) last completed a critical examination check in 2012 for the intra-oral machine and in 2016 for the OPG machine. A critical examination check should be undertaken for each x-ray machine every three years by the RPA.

On 15 March 2017 RQIA received an email from Mr Gilbert stating that a new RPA has been appointed and arrangements have been made for a critical examination of all x-ray machines to be undertaken on 20 March 2017.

A copy of the local rules was on display near each x-ray machine, records available showed the local rules were last signed by staff on 8 October 2013, an associate dentist, recently employed had not yet signed the local rules. Mr Gilbert agreed to address this.



As a new RPA has been appointed, a recommendation has been made that the new dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information is signed by all relevant persons and kept up-to-date. A copy of the most recent RPA quality assurance certificates should be submitted to RQIA with the returned QIP.

Records were not available to show that x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions. Mr Gilbert should consult the manufacturer's instructions and take appropriate action. A recommendation has been made to establish service arrangements for each x-ray machine in accordance with respective manufacturer's instructions, the arrangements should be confirmed to RQIA upon return of the QIP.

In addition x-ray quality grading audits and justification and evaluation recording audits should be undertaken and re-audited on a six monthly and annual basis respectively. A recommendation has been made to address this.

## **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.

A legionella risk assessment was last undertaken and water temperature are monitored and recorded as recommended. Mr Gilbert confirmed there have been no changes to the water supply and system in the practice and the risk assessment is reviewed every two years.

A fire risk assessment had been undertaken in August 2011, there was no record to show that the fire risk assessment had been reviewed in the intervening years or that staff had completed a fire drill or fire safety training since August 2011. A recommendation was made to address this.

Discussion with staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels had been established and Mr Gilbert confirmed by email that the last pressure vessel examination was undertaken in March 2017.

## **Patient and staff views**

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

- 'The response to all areas is positive'
- 'Always welcomed by long term professional staff'

One staff member submitted a questionnaire response and indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. The submitted questionnaire provided included the following:

- 'Patients are kept safe from harm'

## Areas for improvement

A system should be implemented for formal appraising staff performance at least on an annual basis.

Arrangements should be established to ensure that Mr Gilbert and staff undertake safeguarding training appropriate to their role and refresher training every two years.

Work surfaces in the decontamination room should not be used for storage and should be kept free from clutter in order to facilitate effective cleaning.

Establish arrangements to ensure equipment used in the decontamination process is revalidated on an annual basis. A copy of the most recent revalidation certificates should be submitted to RQIA with the returned QIP.

Ensure x-ray quality grading audits and justification and evaluation recording audits are undertaken and re-audited on a six monthly and annual basis respectively.

Mr Gilbert should review the x-ray machine manufacturer's instructions and establish arrangements to ensure that the x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. The arrangements should be confirmed to RQIA in the returned QIP.

The dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information should be signed by all relevant persons and kept up-to-date. A copy of the most recent RPA quality assurance certificates should be submitted to RQIA with the returned QIP.

The fire risk assessment should be reviewed annually and fire safety training and fire drills should be undertaken and recorded in accordance with best practice.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	8
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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.

Electronic records are maintained and 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 Gilbert and staff confirmed that oral health is actively promoted on an individual basis during treatment sessions by the dentist and the dental nurse. A range of oral health promotion leaflets were available at reception and the patients' waiting area. A range of oral healthcare products were also available to purchase.

### **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:

- IPS HTM 01-05
- patient consultation

As discussed previously, a recommendation has been made to ensure x-ray quality grading audits and justification and evaluation recording audits are undertaken in accordance with best practice.

### **Communication**

Mr Gilbert and staff 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 confirmed that meetings are held on a regular basis to discuss clinical and practice management issues, however minutes of staff meetings were not retained, a recommendation was made in this regard. Staff spoken with confirmed that, on occasions, meetings also facilitated informal in house training sessions.

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

### **Patient and staff views**

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- 'Yes, in all areas'
- 'Always given written confirmation of all difficult or expensive procedures'

The submitted staff questionnaire response indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. The submitted questionnaire provided included the following:

- 'I feel the patients do get the right care and outcome. Records are kept up to date and all treatment is discussed and agreed upon.'

### Areas for improvement

Minutes of staff meetings should be retained.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 4.5 Is care compassionate?

### Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. 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 which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

### 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. The following comment was included in a submitted questionnaire response.

- 'Very accommodating when an emergency arrives'

The submitted staff questionnaire response indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this. The following comment was included in the submitted questionnaire:

- 'Patients are treated with respect when it comes to making the decisions on the treatment they require.'

### 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.

Mr Gilbert 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 a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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 Gilbert 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 Gilbert demonstrated a clear understanding of his role 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 of the patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- 'Practice changes have been clearly explained in advance together with the reasoning. This practice is very well managed.'
- 'Mr Gilbert is committed to the care of this patients'

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

- 'All services that we offer to our patients are managed professionally and within patient's best interests.'

### **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**

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Jan Gilbert, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

Recommendations	
<b>Recommendation 1</b> Ref: Standard 11 Stated: First time To be completed by: 4 May 2017	<p>A formal system should be implemented for appraising staff performance at least on an annual basis.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>This has been undertaken &amp; is in place &amp; will be performed during 2017</i></p>
<b>Recommendation 2</b> Ref: Standard 15.3 Stated: First time To be completed by: 4 May 2017	<p>Arrangements should be established to ensure that Mr Gilbert and staff undertake safeguarding training appropriate to their role and refresher training every two years.</p> <p>A record of training should be retained and available for inspection.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Will be completed during April</i></p>
<b>Recommendation 3</b> Ref: Standard 13.2 Stated: First time To be completed by: 4 May 2017	<p>Work surfaces in the decontamination room should be kept free from clutter in order to facilitate effective cleaning.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Items removed.</i></p>
<b>Recommendation 4</b> Ref: Standard 13.4 Stated: First time To be completed by: 4 May 2017	<p>Arrangements should be established to ensure the equipment used in the decontamination process is revalidated on an annual basis. A copy of the most recent validation certificates should be submitted to RQIA with the returned (Quality Improvement Plan) QIP.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Enclosed.</i></p>
<b>Recommendation 5</b> Ref: Standard 8.3 Stated: First time To be completed by: 4 May 2017	<p>Ensure x-ray quality grading audits and justification and evaluation recording audits are undertaken and re-audited on a six monthly and annual basis respectively.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Audit already undertaken against each image. 6/m survey completed 3/4/17</i></p>



<p><b>Recommendation 6</b></p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 4 May 2017</p>	<p>Mr Gilbert should review the x-ray machine manufacturer's instructions and establish arrangements to ensure that the x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. The arrangements should be confirmed to RQIA in the returned QIP.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Certificate enclosed.</i></p>
<p><b>Recommendation 7</b></p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 4 May 2017</p>	<p>The new dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information should be signed by all relevant persons and kept up-to-date.</p> <p>A copy of the most recent RPA quality assurance certificates should be submitted to RQIA with the returned QIP.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>All in place. Certs enclosed</i></p>
<p><b>Recommendation 8</b></p> <p>Ref: Standard 12.5</p> <p>Stated: First time</p> <p>To be completed by: 4 May 2017</p>	<p>The fire risk assessment should be reviewed annually and fire safety training and fire drills should be undertaken and recorded in accordance with best practice.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Fire drills undertaken &amp; recorded.</i></p>
<p><b>Recommendation 9</b></p> <p>Ref: Standard 11.6</p> <p>Stated: First time</p> <p>To be completed by: 4 May 2017</p>	<p>Minutes of staff meetings should be retained and available for inspection.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Minutes will be available going forward</i></p>



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