

Inspection Report

27 May 2021 and 4 June 2021



Jordan Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

1.0 Service information

Organisation/Registered Provider: Mr David Jordan	Registered manager: Mr David Jordan Date registered: 22 December 2011
Person in charge at the time of inspection: Mr David Jordan	Number of registered places: Three
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of the accommodation/how the service operates: Jordan Dental Care is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital with a dental treatment category of care. The practice has three dental surgeries and provides health service and private dental care and treatment with and without conscious sedation.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector and pharmacist inspector on 27 May 2021 from 10 am to 1 pm. As some clinical team members were not available at this time the pharmacist inspector completed the medicines management element of the inspection on Friday 4 June 2021 from 1 pm to 2.15pm.

The inspection focused on the themes for the 2021/22 inspection year and assessed progress with any areas for improvement identified during or since the last care inspection.

There was evidence of good practice in relation to staff training; management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; the practice's adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints and governance arrangements.

Six areas for improvement were identified which are discussed in the main body of the report and detailed in the quality improvement plan (QIP) in Section 7.0.

No immediate concerns were identified regarding the delivery of front line patient care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

4.0 What people told us about the practice

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire.

One patient submitted a response. The patient's response indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. The patient indicated that they were very satisfied with each of these areas of their care. The patient included an additional comment stating they had been attending Jordan Dental Care for many years and the staff were brilliant.

Four staff submitted questionnaire responses. Staff responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of patient care. Two staff responses included additional comments which indicated that they felt the practice provided high quality dental treatment and that they enjoyed working in the practice.

5.0 The inspection

5.1 What has this practice done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 27 August 2020		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 38 (a) Stated: First time To be completed by:	The Registered Person shall ensure that staff members involved in providing treatment under conscious sedation have undertaken relevant conscious sedation training and refresher training appropriate to their role and responsibility in the provision of treatment by conscious sedation.	

27 November 2020	<p>A record of the training must be retained.</p> <p>Action taken as confirmed during the inspection: Training records were in place for all staff members involved in providing treatment under conscious sedation. The training records confirmed that all staff had undertaken 12 hours of conscious sedation training within the previous five years, this in keeping with best practice guidance.</p> <p>Mr Jordan confirmed that he will oversee and monitor all aspects of staff training.</p>	Met
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Standard 8.6</p> <p>Stated: Second time</p> <p>To be completed by: 27 September 2020</p>	<p>The Registered Person shall develop an overarching policy for the use of Conscious Sedation in keeping with best practice guidelines as specified in 'Conscious Sedation In The Provision of Dental Care' (2003).</p> <p>Action taken as confirmed during the inspection: An updated conscious sedation policy was shared with RQIA at this inspection. Following a review of the policy it was suggested that further information should be included. Mr Jordan was given advice and support by RQIA to complete the further development of the policy. On 23 June 2021, RQIA received a copy of the final version of the conscious sedation policy. Review of this version confirmed the policy met with best practice guidance.</p>	Met

5.2 Inspection findings

5.2.1 Does the practice's recruitment and selection procedures comply with all relevant legislation?

Recruitment and selection policies and procedures were in place that reflected legislation and best practice to ensure that suitably skilled and qualified staff work in the practice.

Mr Jordan oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Mr Jordan confirmed that he had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. A review of the staff register identified that additional information was required in order to meet with legislation. Advice and guidance was provided and assurances were given that the additional areas would be completed immediately following this inspection.

It was confirmed that one new staff member had been recruited within the last three year time frame. This staff member's personnel file was reviewed and evidenced that in the main relevant recruitment records had been sought, reviewed and stored as required. However, it was identified that no written references were in place for this individual. Mr Jordan stated that verbal references had been sought but had not been documented. Mr Jordan was advised that two written references should be sought and obtained prior to any new staff member commencing work in the practice. Should a written reference not be forthcoming the next best option is to seek a verbal reference with details of the verbal reference documented in the staff member's personnel file. The staff member's personnel file should also evidence that attempts had been made to obtain written references in the first instance. An area for improvement was identified against the regulations to ensure that all recruitment records as outlined in Regulation 19 are in place for any new staff member prior to commencement of employment in the practice.

It was noted the staff member's personnel file contained a copy of the individual's AccessNI enhanced disclosure certificate. Mr Jordan was advised that the AccessNI certificate should not be retained. Mr Jordan stated this was an oversight and shared two other staff personnel files which evidenced that AccessNI enhanced disclosure checks had been sought and appropriately recorded, with no certificates retained. Mr Jordan stated the AccessNI certificate would be returned to the staff member at the earliest opportunity.

There was evidence of job descriptions and induction checklists for the different staff roles. A review of records confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

Discussion with members of the dental team confirmed they have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

An area for improvement has been made to ensure the recruitment of any new member of dental team complies with the legislation and best practice guidance.

5.2.2 Are the dental team appropriately trained to fulfil the duties of their role?

The dental team takes part in ongoing training to update their knowledge and skills, relevant to their role.

Policies and procedures are in place that outlines training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

Induction programmes relevant to roles and responsibilities had been completed when new staff joined the practice.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by the responsible individual, to ensure that the dental team are suitably skilled and qualified.

The care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.

5.2.3 Is the practice fully equipped and are the dental team trained to manage medical emergencies?

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency.

There was a medical emergency policy and procedure in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

Robust systems were in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available.

Managing medical emergencies is included in the dental team induction programme and training is updated annually. The records reviewed verified that the staff last completed medical emergency refresher training during November 2020.

Members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

Sufficient emergency medicines and equipment were in place and the dental team are trained to manage a medical emergency in compliance with legislative requirements, professional standards and guidelines.

5.2.4 Does the dental team provide dental care and treatment using conscious sedation in line with the legislation and guidance?

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications or medical gases to relax the patient.

Mr Jordan confirmed that treatment by conscious sedation is provided using intravenous (IV) sedation, only offered to persons over the age of 18, and inhalation sedation, known as relative analgesia (RA) which is offered to children. It was established that Mr Jordan and both associate dentists provide IV and RA sedation to patients attending the practice.

As previously discussed in section 5.1, the conscious sedation policy and procedure has been further developed and has been assessed as comprehensive and reflective of the legislation and [Conscious Sedation in The Provision of Dental Care \(2003\)](#).

In line with 'Conscious Sedation in The Provision of Dental Care' (2003), patients' clinical observations must be appropriately recorded during all treatments involving conscious sedation. A sample of clinical records of patients who had treatment using conscious sedation was reviewed. It was identified that not all the clinical records included all of the required information regarding the sedation technique provided and the care of the patient during treatment. This was discussed with Mr Jordan who advised that an audit of clinical records where IV sedation had been administered had recently been undertaken. A review of this audit identified that the audit findings had not been summarised to identify areas of good practice or areas of learning. Advice and guidance was provided to Mr Jordan in this regard. An area for improvement has been made to implement a robust programme of audit of clinical records involving conscious sedation to be undertaken at timely intervals. The audit findings should be collated into a summary report and any deficits in clinical recordings should be addressed with the relevant clinical team member(s). These audits should be retained and available for inspection.

It is a requirement of the General Dental Council (GDC) that written consent is obtained where dental treatment involves conscious sedation. It was identified that written consent was not provided in three of the clinical records reviewed; this was discussed with Mr Jordan who stated that due to the risk of the impact of COVID-19 one of the associate dentists preferred not to handle paper documents. It was advised that all members of the clinical team should adhere to the practice's conscious sedation policy and the GDC requirements. An area for improvement was identified against the regulations to ensure that written consent is obtained where dental treatment involves conscious sedation and a copy retained in the respective patient's clinical records.

It was established that RA is provided in all three surgeries. Review of records evidenced that the RA equipment in each surgery has been serviced. However, it was identified that a formal nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 06 September 2017 and reissued on 3 February 2021 had been completed for only one of the surgeries. This was discussed with Mr Jordan as a nitrous oxide risk assessment should be undertaken in each surgery where RA is administered. An area for improvement was identified against the standards in this regard.

Information was available for patients in respect of the treatment provided and aftercare arrangements, including the role of the responsible adult escort for patients receiving IV sedation.

The dental team involved in the provision of conscious sedation must receive appropriate supervised theoretical, practical and clinical training. As previously discussed in section 5.1, a review of training records evidenced that all members of the dental team involved in the provision of IV and RA sedation had completed appropriate training.

The management of medicines used during IV sedation is further discussed in section 5.2.5.

There are arrangements in place to enable the dental team to safely provide dental care and treatment using conscious sedation, in keeping with legislation and guidance.

5.2.5 Are controlled drugs managed in accordance with legislative requirements and best practice guidance?

Through discussion with Mr Jordan, it was confirmed that Schedule 2 controlled drugs were no longer used in the practice, however, a quantity of out of date fentanyl ampoules were available in the controlled drug cabinet. The quantity of fentanyl ampoules correlated with the last entry in the controlled drug register (22 March 2019). Mr Jordan gave an assurance that these ampoules would be returned to the community pharmacy for disposal and that a record of the transfer would be maintained.

It was established that each dentist procures their own individual supply of midazolam 1mg/ml (a Schedule 3 controlled drug) and only has access to their own supply. For one dentist midazolam was stored in a controlled drug cabinet. It was agreed that similar safe storage would be made available for all dentists.

Copies of stock orders and invoices were available for each dentist. In accordance with good practice each dentist also maintains a midazolam record book to record the receipt, administration, wastage and running balance of midazolam. The running balances correlated with the actual stock available. The actual dose administered and wastage had not been accurately recorded on all occasions. It was agreed that the layout of the recording books would be reviewed to facilitate the maintenance of accurate records of administration, wastage and signature of the person who witnesses the administration and wastage. It was also agreed that the standard of maintenance of these records would be audited regularly by the registered provider.

Mr Jordan advised that flumazenil (required for the complete or partial reversal of the sedative effects caused by midazolam) is accessible during all conscious sedation treatments.

A review of the Standard Operating Procedures for controlled drugs indicated that they should be further developed to ensure they cover all aspects of obtaining and prescribing controlled drug stock, handling responsibilities, storage, access, disposal, stock checks and record keeping and, that they are specific to Jordan Dental Care. An area for improvement was identified in this regard.

5.2.6 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they were comprehensive and reflected legislative and best practice guidance in all areas. It was established that there was a nominated lead who had responsibility for IPC and decontamination in the practice.

During a tour of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. All areas of the practice were fully equipped to meet the needs of patients.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance. The purpose of this audit is to assess compliance with key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning; the use of PPE; hand hygiene practice; and waste and sharps management. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. A system was in place to ensure that relevant members of the dental team have received this vaccination. A review of a sample of staff personnel files confirmed that vaccination history is checked during the recruitment process and retained in the staff members' personnel files.

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

5.2.7 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health.

There were a range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance and the equipment was sufficient to meet the requirements of the practice. The records showed the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

There was a lead for IPC as recommended by the published guidance. The lead had undertaken IPC training in line with their continuing professional development and had retained the necessary training certificates as evidence.

Discussion with members of the dental team confirmed that they had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. They demonstrated good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.8 Are arrangements in place to minimise the risk of COVID-19 transmission?

The COVID-19 pandemic has presented significant challenges in respect of how dental care and treatment is planned and delivered. To reduce the risk of COVID-19 transmission precautions must remain in place as part of the ongoing response to the pandemic.

There were COVID-19 policies and procedures in place which were reflective of best practice guidance. A review of records evidenced that appropriate risk assessments concerning staffing, clinical treatments and clinical and non-clinical areas had been completed.

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of the Health and Social Care Board (HSCB) operational guidance and focused on social distancing, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead and arrangements are in place to ensure the dental team are regularly reviewing COVID-19 advisory information, guidance and alerts.

COVID-19 arrangements evidenced that robust procedures are in place to ensure the practice adheres to best practice guidance and to minimise the risk of COVID-19 transmission.

5.2.9 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

The arrangements concerning radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients, visitors and staff from the ionising radiation produced by taking an x-ray.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive (HSE) (Northern Ireland). A review of records evidenced the practice had registered with the HSE.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation. 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 dental team have been entitled by the RPS for their relevant duty holder roles and have received training in relation to these roles. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

The RPS oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date. Discussions with members of the dental team indicated they had good knowledge of radiology and radiation safety.

The appointed RPA must undertake critical examination and acceptance testing of all x-ray equipment within timeframes specified in legislation. The most recent report generated by the RPA evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

The equipment inventory evidenced that the practice has three surgeries, each of which has an intra-oral x-ray machine. 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. The dental team demonstrated sound knowledge of the local rules and associated practice.

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

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

The radiology and radiation safety arrangements evidenced that robust procedures are in place to ensure that appropriate x-rays are taken safely.

5.2.10 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?

Where the business entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mr Jordan is in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

5.2.11 Are complaints being effectively managed?

The arrangements for the management of complaints were reviewed to ensure that complaints were being managed in keeping with legislation and best practice guidance.

A complaints policy and procedure was in place, it was identified that the policy did not clearly outline the relevant referral process for second stage investigation for health service patients and private patients. Following the inspection, RQIA provided information to Mr Jordan to assist him in updating the complaints policy and procedure. An area for improvement has been identified to ensure that the complaints policy and procedures clearly states the relevant referral pathway for second staff investigation for health service patients and for private patients.

Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Mr Jordan advised that the practice had received no recent complaints and he is aware of how to manage complaints in accordance with best practice guidance. Should the practice receive complaints Mr Jordan will undertake a complaints audit to identify trends, drive quality improvement and to enhance service provision.

The dental team were knowledgeable on how to deal with and respond to complaints in keeping with practice policy and procedure. Arrangements were in place to share information with the dental team about complaints, including any learning outcomes, and also compliments received.

Complaints were being managed effectively in accordance with legislation best practice guidance.

5.3 Does the dental team have suitable arrangements in place to record equality data?

The arrangements concerning the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with staff. Mr Jordan and staff demonstrated that equality data collected is managed in line with best practice.

5.4 Additional area examined

It was identified the most recent fire risk assessment had been undertaken on 31 January 2019, there was no evidence to confirm that the action points identified at this time had been addressed. Mr Jordan was advised to address each of the action points identified as a matter of priority and to ensure the fire risk assessment is reviewed annually. An area for improvement was identified against the regulations in this regard.

6.0 Conclusion

Based on the inspection findings and discussions we are satisfied held this service provides dental treatments in a caring and compassionate manner.

Three areas for improvement were identified against the regulations to ensure all required recruitment records are provided for any new staff member; to further develop the Standard Operating Procedures for controlled drugs; and to ensure the action points identified as a result of the most recent fire risk assessment are addressed.

Three areas for improvement were identified against the standards to implement a robust programme of audit of clinical records involving conscious sedation; to ensure written consent is obtained where dental treatment involves conscious sedation and retained; and to ensure that a nitrous oxide risk assessment is undertaken in respect of each dental surgery.

7.0 Quality Improvement Plan/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 [Minimum Standards for Dental Care and Treatment \(March 2011\)](#).

	Regulations	Standards
Total number of Areas for Improvement	3	3

Areas for improvement and details of the QIP were discussed with Mr David Jordan, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) (d) Stated: First time To be completed by: 27 May 2021	The registered person shall ensure that all recruitment records as outlined in Regulation 19 are in place for any new staff member prior to commencement of employment in the practice. Ref: 5.2.1 Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Regulation 15 (6) Stated: First time To be completed by: 27 July 2021	The registered person shall ensure that the Standard Operating Procedures for controlled drugs are further developed as detailed in the report. Ref: 5.2.5 Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Regulation 25 (4) (f) Stated: First time To be completed by:	The registered person shall ensure that each of the action points identified in the fire risk assessment dated 31 January 2019 are addressed as a matter of priority. Arrangements should be established to ensure the fire risk assessment is reviewed annually. Reg: 5.4 Response by registered person detailing the actions taken:

Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 Ref: Standard 8.1 Stated: First time To be completed by: 27 July 2021	The registered person shall implement a robust programme of audit of clinical records involving conscious sedation, to be undertaken at timely intervals. The audit findings should be collated into a summary report and any deficits in clinical recordings must be addressed with the relevant clinical team member(s). These audits should be retained and available for inspection. Ref: 5.2.4
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 5.2 Stated: First time To be completed by: 27 May 2021	The registered person shall ensure that written consent is obtained where dental treatment involves conscious sedation and retained in the respective patient's clinical records. Ref: 5.2.4
	Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Standard 8.5 Stated: First time To be completed by: 27 July 2021	The registered person shall ensure that a nitrous oxide risk assessment had been undertaken to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017 and 3 February 2021. Ref: 5.2.4
	Response by registered person detailing the actions taken:

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



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