Announced Care Inspection Report
9 February 2017

Quinndental

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 53 Main Street, Randalstown, BT41 3BB
Tel no: 028 9447 2311
Inspector: Elizabeth Colgan

1.0 Summary

An announced inspection of Quinndental took place on 9 February 2017 from 10.00 to 13.00.

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 Quinn, 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. One recommendation made during the previous inspection has been stated for a second time in relation to recruitment and selection. Three recommendations have been made in relation to radiology and the provision of emergency equipment.

Is care effective?

Observations made, review of documentation and discussion with Mr Quinn 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. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Quinn and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. One recommendation has been made to formalise the process for obtaining patients' views.

Is the service well led?

Given the issues identified in relation to recruitment and selection, emergency equipment and radiology further development is needed to ensure that effective leadership and governance arrangements are in place. 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. A recommendation has been made to review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

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
Total number of requirements and recommendations made at this inspection	0	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Liam Quinn, 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 20 May 2015.

2.0 Service details

Registered organisation/registered person: Mr Liam Quinn	**Registered manager:** Mr Liam Quinn
Person in charge of the practice at the time of inspection: Mr Liam Quinn	**Date manager registered:** 11 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 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 Quinn and two dental nurses. 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 20 May 2015

The most recent inspection of the Quinndental 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 20 May 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 19 (2) Schedule2 **Stated:** First time	The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice. The practice recruitment policy must be further developed to include the procedure for undertaking enhanced AccessNI checks. AccessNI disclosure certificates must be handled in keeping with AccessNI's code of practice.	**Met**
	Action taken as confirmed during the inspection: Review of the personnel file of one new member of staff evidenced that an enhanced AccessNI check had been undertaken and received prior to the member of staff commenced work in the practice. AccessNI disclosure certificates were handled in keeping with AccessNI's code of practice. The recruitment policy and new applicant form had been updated to include the procedure for undertaking enhanced AccessNI checks.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 13 **Stated:** Second time	Floor coverings in surgeries should be sealed at the edges and where cabinetry meets the flooring in surgeries and the decontamination room.	**Met**
	Action taken as confirmed during the inspection: It was observed that the flooring in clinical areas has been sealed where it meets the skirting boards. The cabinetry in the decontamination room had not been sealed where it meets the floor. This was discussed with Mr Quinn who confirmed that there was an explanation why the gap between the kicker boards of the cabinetry and the flooring could not be effectively sealed. This arrangement is considered to be satisfactory.	
Recommendation 2 **Ref:** Standard 12.4 **Stated:** First time	It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date should be recorded on the medication packaging and expiry date check list to reflect that the cold chain has been broken. If being stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.	**Met**
	Action taken as confirmed during the inspection: Glucagon medication is stored with the emergency drugs; a revised expiry date was recorded on the medication packaging and expiry date check list.	
Recommendation 3 **Ref:** Standard 12.4 **Stated:** First time	It is recommended that advice and guidance is 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.	**Met**
	Action taken as confirmed during the inspection: Mr Quinn advised that he did discuss the provision of an automated external defibrillator (AED) with his medico-legal advisor. Mr Quinn confirmed that the practice has timely access to a community AED and that all staff are aware of the procedure to access the AED. Mr Quinn has completed a risk assessment in regards to the community AED and arrangements are in place to review this on an annual basis.	

Recommendation 4 **Ref:** Standard 12.4 **Stated:** First time	It is recommended that clear face masks in a variety of sizes as recommended by the Resuscitation Council (UK) guidelines should be provided.	**Partially Met**
	Action taken as confirmed during the inspection: Clear face masks in a variety of sizes as recommended by the Resuscitation Council (UK) guidelines had not been provided. Adult masks were available. This recommendation has not been fully addressed and has been included in a separate recommendation made in relation to the provision of emergency equipment.	
Recommendation 5 **Ref:** Standard 11.1 **Stated:** First time	It is recommended that the following information should be retained in the personnel files of any newly recruited staff: • positive proof of identity, including a recent photograph; • evidence that an enhanced AccessNI check was received prior to employment; • two written references; • details of full employment history, including an explanation of any gaps in employment; • documentary evidence of qualifications, where applicable; • evidence of current GDC registration, where applicable; • criminal conviction declaration on application; • confirmation of physical and mental health; and • evidence of professional indemnity insurance, where applicable	**Partially Met**
	Action taken as confirmed during the inspection: Review of the personnel file of one new member of staff evidenced that the following information was not retained in their personnel file. • positive proof of identity, including a recent photograph • two written references • criminal conviction declaration • confirmation of physical and mental health This recommendation has not been fully addressed and has been stated for a second time.	

Recommendation 6 **Ref**: Standard 11.1 **Stated:** Second time	It is recommended that a staff register should be developed and retained containing staff details including, name, date of birth, position; dates of employment; details of professional qualification and professional registration with the GDC, where applicable.	**Met**
	Action taken as confirmed during the inspection: A staff register has been developed and retained.	

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.

Quinndental has been approved as a training practice by the Northern Ireland Medical and Dental Training Agency (NIMDTA). A dental foundation year one student (DF1) commenced placement at the practice in September 2016.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one member of staff's information evidenced that an induction programme had been completed when they 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. A review of a sample of information of two staff evidenced that appraisals had been completed. 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 Mr Quinn confirmed that one member of staff has been recruited since the previous inspection. A review of the personnel file for the new member of staff demonstrated that not all relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

The personnel file reviewed contained the following:

- evidence that an enhanced AccessNI check was received prior to employment
- details of full employment history, including an explanation of any gaps in employment

However, the file did not contain the following:

- positive proof of identity, including a recent photograph
- two written references
- criminal conviction declaration
- confirmation of physical and mental health

A recommendation had been made during the previous inspection that all relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any newly recruited staff. This recommendation has not been addressed and has been stated for a second time.

There was a recruitment policy and procedure available. This had been updated and the revised 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.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The policies and procedures had been updated to fully reflect the new regional policy and guidance documents issued during July 2015 and March 2016. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

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, oropharyngeal airways size 0 and 4, oxygen masks and tubing and clear face masks in a variety of sizes as recommended by the Resuscitation Council (UK) guidelines. A recommendation had been made during the previous inspection that clear face masks were provided. This recommendation has not been fully addressed and has been included in a separate recommendation made in relation to the provision of emergency equipment.

The chamber of the portable suction was wet and the attached yanker suction catheter was soiled as it was out of its original packaging. Mr Quinn confirmed the chamber would be cleaned and dried and a new catheter purchased.

As previously discussed, Mr Quinn confirmed that the practice has timely access to a community AED and that all staff are aware of the procedure to access the AED.

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.

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.

As previously discussed, the cabinetry in the decontamination room had not been sealed where it meets the floor. This was discussed with Mr Quinn who confirmed that there was an explanation why the gap between the kicker boards of the cabinetry and the flooring could not be effectively sealed. It is advised that arrangements should be in place to routinely clean under the cabinetry to ensure that there is no build-up of dirt or debris under the kicker boards.

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. Training records were available for inspection.

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 disinfector and steam steriliser have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated in January 2017. 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.

The most recent Infection Prevention Society (IPS) audit was completed during August 2016. The last audit had been undertaken in 2014. Mr Quinn confirmed in the future that the practice would audit compliance with HTM 01-05 using the IPS audit tool every six months.

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

Radiography

The practice has two 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. Review of the x-ray audits confirmed that these are carried out annually and not every six months. A recommendation has been made to address this.

A copy of the local rules was on display near each x-ray machine. However the local rules had only been signed by Mr Quinn and a dentist. A recommendation has been made that all relevant staff sign to confirm that they have read and understood the local rules. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

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

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

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

Environment

The environment was maintained to a 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 1 February 2017 and water temperature is monitored and recorded as recommended.

The fire risk assessment had been reviewed in December 2016 and staff confirmed fire training had been undertaken in September 2016 and fire drills are held every six months. Staff demonstrated that they were aware of the action to take in the event of a fire.

Mr Quinn confirmed that the fire detection systems and fixed electrical wiring installation was completed in August 2015. The fire detection system is regularly tested with its own in-built system. These are to be checked again in 2018. The boiler was serviced in November 2016.

A written scheme of examination of pressure vessels was undertaken in January 2017.

Patient and staff views

Sixteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

One patient provided the following comment:

- "No issues and very happy with my dentist experience."

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

Areas for improvement

All relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any newly recruited staff.

Emergency equipment should be provided as recommended by the Resuscitation Council (UK) guidelines.

A copy of the local rules should be signed by all appropriate staff to confirm they have read and understood them.

Audits of x-ray quality grading should be completed every six months.

Number of requirements	0	Number of recommendations	4

4.4 Is care effective?

Clinical records

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

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme until 23 March 2017. Mr Quinn confirmed that he will be renewing his registration.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of health promotion information leaflets available in the reception area. The practice organises a kids only day during term time. Mr Quinn confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

As previously discussed further development is needed to ensure that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. Mr Quinn has confirmed that in the future that the practice would audit compliance with HTM 01-05 using the IPS audit tool every six months. A recommendation has been in relation to x-ray audits and issues identified with patient satisfaction questionnaires is discussed further in section 4.5 of the report. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.

Communication

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

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

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

Patient and staff views

All of the 16 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

One patient provided the following comment:

- "First class service, very helpful."

Five 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. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

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 has not undertaken a patient satisfaction survey since December 2014. Mr Quinn confirmed that patient questionnaires were being obtained for NIMDTA for the trainee dentist. It is recommended that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided on a yearly basis and a summary of the findings be made available for patients. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate. A recommendation has been made in this regard.

Patient and staff views

All of the 16 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

Comments provided included the following:

- "Liam is a very considerate person."
- "Great staff a pleasure to visit and very attentive."

Five 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. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

The practice should pro-actively seek the views of patients about the quality of treatment and other services provided on a yearly basis and a summary of the findings be made available for patients.

Number of requirements	0	**Number of recommendations**	1

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 Quinn has 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 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 available in the practice. Staff demonstrated a good awareness of complaints management. 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.

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 Quinn demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

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

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

Evidence gathered during the inspection has identified a number of issues which could affect the delivery of safe care, all of which have an impact on quality assurance and good governance. There has been a lack of governance arrangements within the practice and the recommendations made during this inspection must be actioned to ensure improvements are made. It is important these are kept under review to ensure improvements are sustained. Therefore, an additional recommendation has been made to review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Patient and staff views

All of the 16 patients who submitted questionnaire responses indicated that they felt that the service is well managed. No comments were included in submitted questionnaire responses.

Five submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

Review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Number of requirements	0	**Number of recommendations**	1

5.0 Quality improvement plan

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

The registered person 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 independent.healthcare@rqia.org.uk 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	
Recommendation 1 **Ref:** Standard 11.1 **Stated:** Second time **To be completed by:** 9 February 2017	It is recommended that the following information should be retained in the personnel files of any newly recruited staff: • positive proof of identity, including a recent photograph; • evidence that an enhanced AccessNI check was received prior to employment; • two written references; • details of full employment history, including an explanation of any gaps in employment; • documentary evidence of qualifications, where applicable; • evidence of current GDC registration, where applicable; • criminal conviction declaration on application; • confirmation of physical and mental health; and • evidence of professional indemnity insurance, where applicable
	Response by registered provider detailing the actions taken: new applicate form to be used and a check list of above criteria to be completed.
Recommendation 2 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** 9 March 2017	The following emergency equipment should be provided as recommended by the Resuscitation Council (UK) guidelines: • oropharyngeal airways size 0 and 4 • oxygen tubing • a self-inflating bag with reservoir and mask suitable for use for children • clear face masks in a variety of sizes
	Response by registered provider detailing the actions taken: these have all been ordered
Recommendation 3 **Ref:** Standard 8.3 **Stated:** First time **To be completed by:** 9 March 2017	A copy of the local rules should be signed by all appropriate staff to confirm they have read and understood them.
	Response by registered provider detailing the actions taken: all have signed the local rules

Recommendation 4 **Ref:** Standard 8.3 **Stated:** First time **To be completed by:** 9 April 2017	Audits of x-ray quality grading should be completed every six months.
	Response by registered provider detailing the actions taken: x-ray audit done nov 16 next audit due may 17
Recommendation 5 **Ref:** Standard 9 **Stated:** First time **To be completed by:** 9 April 2017	The practice should pro-actively seek the views of patients about the quality of treatment and other services provided on a yearly basis and a summary of the findings be made available for patients.
	Response by registered provider detailing the actions taken: patient questionnaire created and completed 10th March 17. reviewed annually
Recommendation 6 **Ref:** Standard 8 **Stated:** First time **To be completed by:** 9 April 2017	Review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.
	Response by registered provider detailing the actions taken: systems and processes are regularly reviewed to ensure governance and quality assurrance. notes are made in diary and computer when review dates are upcoming quality improvement plan must be actioned in a timely fashion

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address

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