

Announced Care Inspection Report 12 January 2017



McLaughlin Orthodontics

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 11A Windsor Terrace, Infirmary Road, Derry, BT48 7HQ
Tel no: 028 7137 7511
Inspector: Norma Munn

1.0 Summary

An announced inspection of McLaughlin Orthodontics took place on 12 January 2017 from 10:55 to 14:45.

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 Joe McLaughlin, registered person and staff demonstrated that, in general, systems and processes were in place to ensure that care to patients was 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. Two recommendations have been made in relation to staff inductions and the environment.

Is care effective?

Observations made, review of documentation and discussion with Mr McLaughlin and staff demonstrated that, in general, 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 has been made in relation to the recording of staff meetings.

Is care compassionate?

Observations made, review of documentation and discussion with Mr McLaughlin 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 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. Two recommendations have been made in relation to records being available for inspection and the complaints policy and procedure.

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	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr McLaughlin, 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 8 October 2015.

2.0 Service details

Registered organisation/registered person: Mr Joe McLaughlin	Registered manager: Mr Joe McLaughlin
Person in charge of the practice at the time of inspection: Mr Joe McLaughlin	Date manager registered: 8 March 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 McLaughlin, registered person, one dentist, two dental nurses and the receptionist. 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 8 October 2015

The most recent inspection of the practice 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 8 October 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) (d)</p> <p>Stated: First time</p>	<p>The registered person must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity must be added to the staff files reviewed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of the submitted staffing information and discussion with Mr McLaughlin confirmed that one member of staff had been recruited since the previous inspection.</p> <p>A review of the personnel file for this member of 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 with the exception of two written references.</p> <p>Documents relating to the request of the references were retained on file however; the references had not been obtained. Mr McLaughlin advised that he had not received a response from the referees and has agreed to address this issue. In the event of written references not being received Mr McLaughlin confirmed that he would contact the referee for an explanation of verbal reference and document this.</p> <p>Proof of identity had been added to the staff files reviewed during the previous inspection.</p>	<p>Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.1 Stated: First time	<p>It is recommended that an overarching policy for the management of medical emergencies reflecting best practice guidance should be developed. The policy should include the following information:</p> <ul style="list-style-type: none"> • arrangements for staff training; • list of emergency medicines and equipment available; • the checking procedures for emergency medicines and equipment; • how to summons help in an emergency; • the procedure for documenting medical emergencies; and • the procedure to be followed in regards to staff debriefing following a medical emergency. 	Met
	<p>Action taken as confirmed during the inspection: An overarching policy for the management of medical emergencies reflecting best practice guidance was in place.</p>	
Recommendation 2 Ref: Standard 11.1 Stated: First time	<p>It is recommended that enhanced AccessNI checks are handled in keeping with the AccessNI Code of Practice. A record must be retained of the date the application form was submitted to the umbrella organisation, the date the check was received by the practice, the unique AccessNI reference number on the check and the outcome of the review of the check.</p>	Met
	<p>Action taken as confirmed during the inspection: One of the files reviewed contained the original AccessNI. However, this member of staff had been recently recruited. Mr McLaughlin disposed of this on the day of the inspection and has implemented a procedure for handling AccessNI checks in keeping with AccessNI's code of practice.</p>	

Recommendation 3 Ref: Standard 11.1 Stated: First time	It is recommended that all staff who work in the practice, including self-employed staff are provided with a contract/agreement.	Met
	Action taken as confirmed during the inspection: Mr McLaughlin confirmed that all staff had been issued with a contract/agreement. However, the contracts were not included in the staff personnel files reviewed. It was confirmed that the contracts were retained off site. Mr McLaughlin was advised that documents relating to the operation of the practice should be available for inspection. A separate recommendation has been made in this regard.	

4.3 Is care safe?

Staffing

McLaughlin Orthodontics operates a total of five dental chairs, providing both private and NHS specialist orthodontic care. The practice is registered with RQIA for two dental chairs which are used for private and NHS dental treatment, while a further three dental chairs are used for NHS treatments only.

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.

Discussion with staff confirmed that inductions had taken place however, records had not been retained. A recommendation has been made.

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 three evidenced that appraisals had been completed on an annual basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr McLaughlin confirmed that one member of staff had been recruited since the previous inspection. As previously discussed, a review of the personnel file for this member of 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 with the exception of two written references. Documents relating to the request of the references were retained on file however; the references had not been obtained. Mr McLaughlin advised that he had not received a response from the referees and has agreed to address this issue.

In the event of written references not being received Mr McLaughlin confirmed that he would contact the referee for an explanation of verbal reference and then document this.

A review of the records evidenced that contracts of employment/agreements were not available for review at the premises. This is discussed further in section 4.5 of the report.

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.

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 children and adults at risk of harm. The policies 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.

Mr McLaughlin had provided the guidance documents "Adult Safeguarding Prevention and Protection in Partnership" and "Co-operating to Safeguard Children and Young People in Northern Ireland" for staff reference. The safeguarding policies have been reviewed to reflect the new regional guidance.

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

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

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

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered. Several worktops in the surgeries had not been appropriately sealed to allow for effective cleaning to take place. This was discussed with Mr McLaughlin and a recommendation has been made to address this issue. 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.

McLaughlin Orthodontics operates two dedicated decontamination rooms, one for dirty instruments and one for clean instruments with an adjoining hatch, which adequately meets the practice requirements and facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. Appropriate equipment, including one washer disinfector and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during 2016.

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

Radiography

The practice has an intra-oral x-ray machine and an orthopantomogram machine, both 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 staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audits.

A copy of the local rules was on display near the x-ray machines and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

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

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 practice has two dental chairs in separate surgeries and a polyclinic area comprising of three dental chairs. 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 were in place for maintaining the environment. This included servicing of the fire detection system, firefighting equipment and portable appliance testing (PAT) of electrical equipment.

A legionella risk assessment was undertaken and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and Mr McLaughlin confirmed that fire drills had been completed. 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 was in place and pressure vessels have been inspected in keeping with the written scheme of examination.

Patient and staff views

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

Comments provided included the following:

- "I have been made to feel very welcome and relaxed on each of my visits to McLaughlin Orthodontics."
- "Always."
- "Staff are excellent, environment friendly, very clean and hygienic. Treatment plan discussed throughout."
- "Mr McLaughlin and his team were very helpful and pleasant."
- "Excellent."

Four 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

Records of induction should be retained for any new staff recruited.

Work tops in the identified surgeries should be appropriately sealed to allow for effective cleaning.

Number of requirements	0	Number of recommendations	2
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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.

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

Policies were available in relation to records management, data protection and confidentiality and consent.

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. A range of health promotion information leaflets were available in the reception area. Information regarding oral health was displayed on the television screen for patients to view while waiting to be seen. Mr McLaughlin confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical waste management
- clinical records
- review of complaints/accidents/incidents

Communication

Mr McLaughlin confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff confirmed that staff meetings are held monthly on an informal basis and twice yearly on a formal basis to discuss clinical and practice management issues. However, the minutes of staff meetings are not retained. A recommendation has been made in this regard.

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 nine 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:

- “Progress has been discussed at each visit and I know exactly how my plan is progressing.”
- “Always.”
- “Care/treatment plan excellent. Any issues that I had with the braces were dealt with immediately.”
- “Excellent.”

All four 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

Minutes of staff meetings should be retained and shared with any staff who are unable to attend.

Number of requirements	0	Number of recommendations	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 to ensure patients understand 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.

Patient and staff views

All of the nine 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:

- “I have always been treated kindly by all staff members and have built a good relationship with them.”
- “Always after each appointment am told of my progress and what will be happening at my next appointment. Very professional and friendly staff.”
- “Treated with dignity and respect throughout treatment always felt that my best interests were upmost. Recommendations for ongoing maintenance given. Excellent customer care.”
- “Excellent.”

All four 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

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	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 McLaughlin 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 three yearly basis. Staff spoken with were aware of the policies and how to access them.

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. The complaints procedure did not include the details of the GDC as another agency that may be utilised at local level. RQIA were included however, RQIA should be included only as a body who take an oversight view of complaints management. Advice and guidance was provided to Mr McLaughlin regarding complaints handling. A recommendation has been made that the complaints policy and procedure is further developed in keeping with relevant legislation and DHSSPS guidance on complaints handling.

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 McLaughlin 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 McLaughlin 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.

Information gathered during the inspection evidenced that contracts of employment were retained off site. Mr McLaughlin was advised that documents relating to the operation of the practice should be available for inspection. A recommendation has been made in this regard.

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 nine patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

- "Overall I am very pleased with how the last 22 months has been. I have no changes or suggestions to make. Excellent service provider."
- "Excellent service all round always try to fit your appointments to suit my work schedule."
- "The care I received throughout my treatment was great and to the highest standard."
- "The team at McLaughlin Orthodontics are to be commended. It's very much team focussed and I believe that it fosters a welcoming and well managed customer service experience. I would recommend without fail this practice to any other prospective client. All round an excellent team delivering excellent care."

- “Mr McLaughlin Orthodontics is well run with great people who offer a brilliant service. They ensure you are well informed and treat you with respect. They are all very friendly and approachable. I had no problems during my treatment and the whole experience was a pleasure.”
- “Excellent.”

All four 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

The complaints policies and procedures should be further developed in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies (April 2009) and the Independent Health Care Regulations (Northern Ireland) 2005.

All records pertaining to the operation of the practice should be available for review by inspectors.

Number of requirements	0	Number of recommendations	2
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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 McLaughlin, 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 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 11.3 Stated: First time To be completed by: 12 January 2017	Records of induction should be retained for any new staff recruited. Response by registered provider detailing the actions taken: This will be the case from now on. Induction schedules have been developed.
Recommendation 2 Ref: Standard 14.2 Stated: First time To be completed by: 12 March 2017	Work tops in the identified surgeries should be appropriately sealed to allow for effective cleaning to take place. Response by registered provider detailing the actions taken: This task has been completed.
Recommendation 3 Ref: Standard 11.6 Stated: First time To be completed by: 12 January 2017	Minutes of staff meetings should be retained and shared with any staff who are unable to attend. Response by registered provider detailing the actions taken: Formalised staff meetings have been reintroduced and will take place on a regular basis.
Recommendation 4 Ref: Standard 9 Stated: First time To be completed by: 12 March 2017	The complaints policies and procedures should be further developed in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies (April 2009) and the Independent Health Care Regulations (Northern Ireland) 2005. Response by registered provider detailing the actions taken: These policies have been updated as recommended.
Recommendation 5 Ref: Standard 8.5 Stated: First time To be completed by: 12 January 2017	All records pertaining to the operation of the practice should be available for review by inspectors. Response by registered provider detailing the actions taken: This recommendation has been complied with.

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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