

Announced Care Inspection Report 12 December 2016



Michael Gillen Dental Surgery

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

Address: 305 Cavehill Road, Belfast, BT15 5EY

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Inspector: Emily Campbell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Michael Gillen Dental Surgery took place on 12 December 2016 from 9:50 to 12:50.

The inspection sought 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 Michael Gillen, 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 requirement was made in relation to radiology. Eleven recommendations have been made. Six recommendations were made in respect of the availability of staff personnel files, staff recruitment records, AccessNI recording information, formalising the induction process, implementing annual appraisal and monitoring of staff training. Five recommendations were made in relation to safeguarding policy development and training, infection prevention and control monitoring and waste management, monitoring of fridge temperatures in respect of medication retained there, the provision of fire safety awareness training and implementation of fire drills. Further details can be seen in section 4.3 of the report.

Is care effective?

Observations made, review of documentation and discussion with Mr Gillen 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 Gillen 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?

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. Information gathered during the inspection evidenced that there was effective leadership in place, however, as discussed previously, a number of issues were identified under the "is care safe" domain which have an impact on quality assurance and good governance. One requirement and 11 recommendations have been made to progress improvement in these matters. No requirements or recommendations have been made under the well led domain.

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	1	11

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Michael Gillen, 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Mr Michael Gillen	Registered manager: Mr Michael Gillen
Person in charge of the practice at the time of inspection: Mr Michael Gillen	Date manager registered: 17 August 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 Gillen and two dental nurses who also cover reception duties. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 February 2016

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 10 February 2016

As above.

4.3 Is care safe?

Staffing

The practice has two dental surgeries, however, only one surgery is in operation. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. One new staff member has been recruited since the previous inspection and although Mr Gillen and staff confirmed that new staff are provided with induction, no records were retained in respect of this. A recommendation was made that the induction process should be formalised and a record of induction retained in respect of any new staff commencing employment.

Mr Gillen advised that appraisal is carried out in an informal manner. A recommendation was made that the appraisal is formalised. Appraisal should be carried out with each staff member on an annual basis and records retained.

Staff spoken with confirmed that they keep themselves updated with their General Dental Council (GDC) continuing professional development (CPD) requirements and other mandatory training; however, there is no oversight of this other than Mr Gillen verbally checking with staff. Mr Gillen was advised that he should have systems in place to monitor and satisfy himself that all staff in the practice are keeping themselves updated. Review of individual staff member's professional development also feeds into the appraisal process and assists in the identification of training needs to meet the needs of the practice. A recommendation was made in this regard.

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 Gillen confirmed that one new staff member has been recruited since the previous inspection. The staff member's personnel file was not available and Mr Gillen advised that he retains all personnel files at his home. A recommendation was made in keeping with Regulation 21 (1) (3) Schedule 3 Part II of The Independent Health Care Regulations (Northern Ireland) 2005 that the following records are retained in the practice and available for inspection:

- a record of all documentation relating to the recruitment process
- a record of training and professional development activities completed by staff
- a record of the annual appraisal for each member of staff

It was suggested that staff personnel files should be retained in a locked filing cabinet in the practice.

As discussed, the personnel file of the staff member recruited since the previous inspection was not available for review and although Mr Gillen confirmed that the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained, this could not be verified. A recommendation was therefore made in this regard.

The staff member's enhanced AccessNI check was available and evidenced that the check had been obtained prior to the staff member commencing employment. Mr Gillen was advised that a record should be retained of the dates the check was applied for and received, the unique identification number and the outcome of the check in keeping with AccessNI's code of practice. A recommendation was made in this regard.

There was a recruitment policy and procedure available. A minor amendment was made to the policy during the inspection. The amended 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.

As discussed previously training records are not retained, however, staff spoken with confirmed they had undertaken training in safeguarding children and adults.

A safeguarding children and adults policy and procedure was in place. The policy needs reviewed and updated to ensure it fully reflects the new regional policy and guidance documents 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016).

A recommendation was made that the safeguarding children and adults policy is reviewed and updated to reflect new regional guidance. On completion of the policy review staff training should be provided and arrangements established to ensure that refresher training is provided every two years as outlined in the Minimum Standards for Dental Care and Treatment 2011. Training records should be retained.

Copies of the regional guidance documents were emailed to Mr Gillen on 18 January 2017. A copy of the Gateway referral number in respect of an adult at risk of harm was provided during the inspection.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). The Glucagon medication is stored in the fridge and Mr Gillen confirmed that he checks the fridge temperature each day, however, a records are not retained. A recommendation was made that daily fridge temperatures are recorded to evidence that the Glucagon medication is stored between 2 and 8 degrees centigrade in keeping with the manufacturer's instructions.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of an automated external defibrillator (AED). However, Mr Gillen and staff confirmed that they have timely access to an AED from another dental practice.

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.

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.

Mr Gillen confirmed that 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

As discussed previously, only one dental surgery is in operation. The dental surgery and decontamination room were tidy and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Mr Gillen confirmed that the flooring in the dental surgery was being resealed in the near future. A recommendation was made that the waste bin in the toilet facility is replaced with a pedal operated bin in keeping with good infection prevention control practice. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

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

There was a nominated lead 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 washer disinfectors and a steam steriliser, has 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.

The practice has not audited compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool for some time. A recommendation was made that the IPS audit should be completed on a six monthly basis. An action plan should be generated to address any issues identified. A copy of the IPS audit tool was forwarded to Mr Gillen on 18 January 2017 by email.

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

Radiography

The practice has two surgeries, however, only the operational dental surgery 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. Staff training records were not retained.

Mr Gillen confirmed that x-rays are graded and justification and clinical evaluation of x-rays are recorded in patient's notes. A record was available of the grading of x-rays taken, however, there are no audits carried out in respect of this or the justification and clinical evaluation of x-rays which should be undertaken on a six monthly and annual basis respectively. There are no arrangements for x-ray equipment to be serviced and maintained in accordance with manufacturer's instructions and rectangular collimation is not in use. Mr Gillen advised that he had discussed the use of rectangular collimation with the radiation protection advisor (RPA).

Mr Gillen should consider training in the use of rectangular collimation to optimise dose exposure in keeping with good practice. This should be discussed again with the RPA at the next review due in 2017.

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

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

A requirement was made that the following issues are addressed:

- x-ray quality grading audits should be completed on a six monthly basis
- x-ray justification and clinical evaluation recording audits should be completed on an annual basis
- x-ray equipment should be serviced and maintained in accordance with manufacturer's instructions
- staff training records should be retained

This information should be retained in the radiation protection file.

Environment

The environment was maintained to a fair standard of maintenance and décor.

Cleaning schedules and a colour coded cleaning system were in place.

Pressure vessels are not inspected under a written scheme of examination of pressure vessels. Mr Gillen advised that his insurance policy provides cover against explosion and collapse of pressure vessels without them being inspected. This matter was referred to the estates team to carry out a premises inspection and for further follow-up on this matter. As the estates inspector will also review the arrangements for maintaining the environment during the premises inspection, these were not reviewed in detail during this inspection.

Mr Gillen confirmed that the oil heating boiler is serviced on an annual basis and is due for service again in January 2017.

Staff demonstrated that they were aware of the action to take in the event of a fire. However, staff are not provided with fire safety awareness training and fire drills are not undertaken. These should be provided on an annual basis. A recommendation was made in this regard. Records of training and fire drills should be retained.

Patient and staff views

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

- “I’ve been attending this practice for over 20 yrs and have always experienced the highest level of care.”
- “Michael is always very good at making me and in particular my children feel safe and comfortable. He always takes the time to explain.”

Three 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

The induction process should be formalised and a record of induction retained in respect of any new staff commencing employment.

The appraisal system should be formalised. Appraisal should be carried out with each staff member on an annual basis and records retained.

A system should be implemented to monitor and ensure that GDC CPD requirements, as applicable, and other mandatory training is met by all staff in the practice.

Records pertaining to recruitment, training and appraisal in respect of each member of staff should be retained in the practice.

The information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained in respect of any new staff recruited.

Information pertaining to enhanced AccessNI checks should be retained in keeping with AccessNI’s code of practice.

The safeguarding children and adults policy should be reviewed and updated to reflect new regional guidance. On completion of the policy review staff training should be provided and arrangements established to ensure that refresher training is provided as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Daily fridge temperatures should be recorded to evidence that the Glucagon medication is stored between 2 and 8 degrees centigrade in keeping with the manufacturer’s instructions.

The waste bin in the toilet facility should be replaced with a pedal operated bin.

Compliance with HTM 01-05 should be audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool.

X-ray audits should be completed, x-ray equipment should be serviced and staff training records in radiography should be retained. This information should be retained in the radiation protection file.

Staff should be provided with fire safety awareness training and fire drills should be undertaken annually.

Number of requirements	1	Number of recommendations	11
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4.4 Is care effective?

Clinical records

Mr Gillen and 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.

Manual records are maintained. 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. Policies were not reviewed during this inspection.

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 and information is available in this regard. Mr Gillen 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:

- review of complaints/accidents/incidents
- patient satisfaction surveys

As discussed previously, a requirement was made in relation to x-ray quality grading and justification and clinical evaluation auditing and a recommendation was made in relation to auditing HTM 01-05 compliance.

Communication

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

Mr Gillen advised that as he only has three staff, staff meetings are not held formally. Staff spoken with confirmed that communication in the practice regarding clinical and practice management issues is good and that there are good working relationships and an open and transparent culture within the practice.

Patient and staff views

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

- “The dental team provide clear and detailed information prior to treatment.”
- “If I have a dental emergency the practice try and deal with it as quickly as possible.”

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. 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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4.5 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 conduct telephone enquiries in a professional and confidential manner. No patients were in the practice during the inspection.

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.

Mr Gillen confirmed that patient satisfaction questionnaires are collected throughout the year, however, patient satisfaction questionnaires obtained over the past year have not yet been collated. Mr Gillen provided assurances that these would be collated and a summary report would be provided which would be made available to patients. Mr Gillen confirmed that patient feedback whether constructive or critical, is used by the practice to improve, as appropriate. Mr Gillen was advised that patient satisfaction questionnaires should be collated on an annual basis and it was suggested that a more targeted approach could be taken in this regard. Completed questionnaires were available for review.

Patient and staff views

All 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:

- “The dental team always treat me with respect & are very open & are honest about all aspects of my treatment.”
- “I have always found Michael and his staff efficient, helpful & friendly. My grandsons 9 & 12 yrs who don’t like dentists say Michael is very calm & gentle – so that is praise indeed.”

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. 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 Gillen is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual 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. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

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 Gillen 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 and effective care, all of which have an impact on quality assurance and good governance. One requirement and 11 recommendations have been made in order to progress improvement in identified areas. Ensuring sustained improvements in the areas identified will further enhance the quality assurance and governance arrangements.

Patient and staff views

All patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- “Staff are always very pleasant and willing to assist in any way they can.”
- “The dental team always give notice regarding changes and are very approachable. They provide excellent service & care.”
- “Very welcoming staff.”

All 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

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Michael Gillen, 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

Statutory requirements

Requirement 1

Ref: Regulation 15 (1) (2)

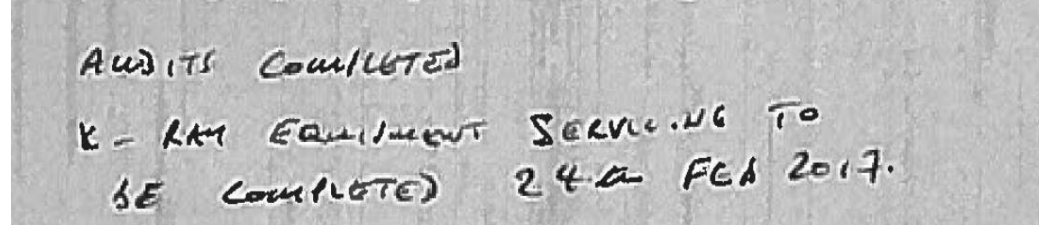
Stated: First time

To be completed by: 12 March 2017

The registered provider must ensure that the following issues are addressed:

- x-ray quality grading audits should be completed on a six monthly basis
- x-ray justification and clinical evaluation recording audits should be completed on an annual basis
- x-ray equipment should be serviced and maintained in accordance with manufacturer's instructions
- staff training records should be retained

Response by registered provider detailing the actions taken:



Recommendations

Recommendation 1

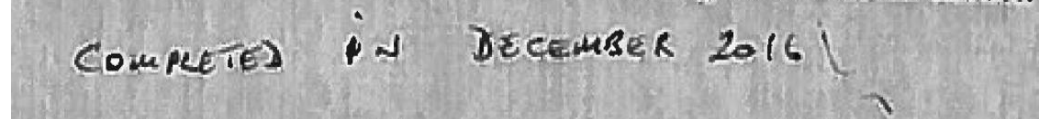
Ref: Standard 11.3

Stated: First time

To be completed by: 13 December 2016

The induction process should be formalised and a record of induction retained in respect of any new staff commencing employment.

Response by registered provider detailing the actions taken:



Recommendation 2

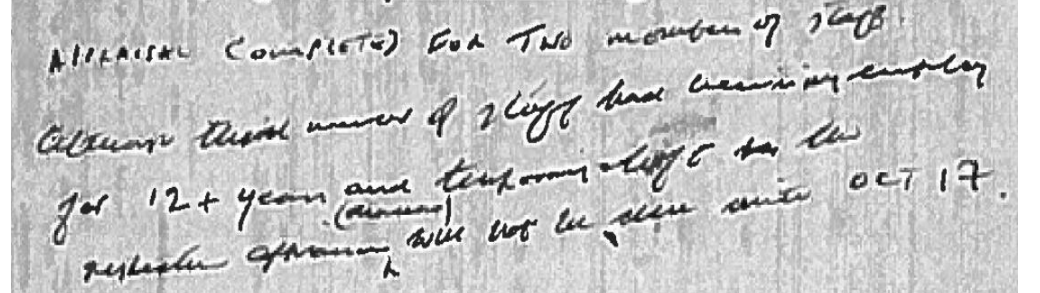
Ref: Standard 11

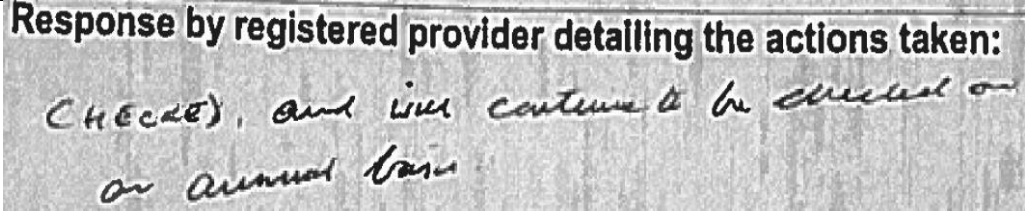
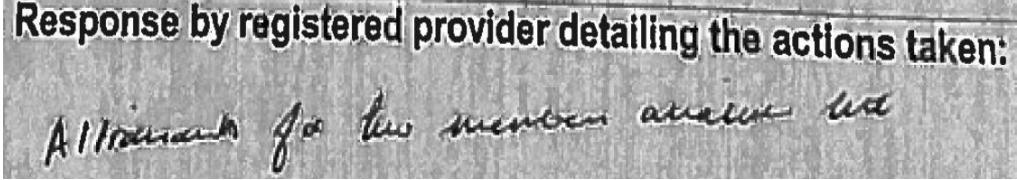
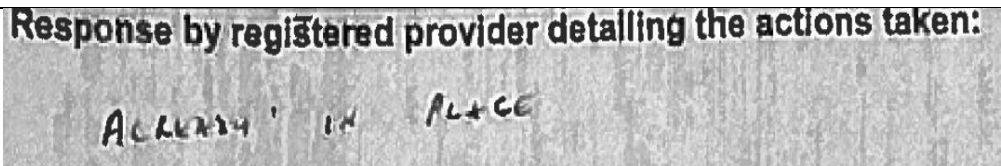
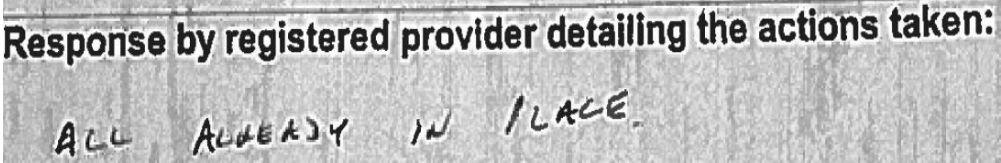
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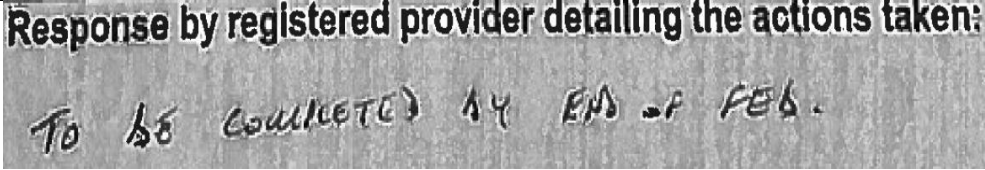
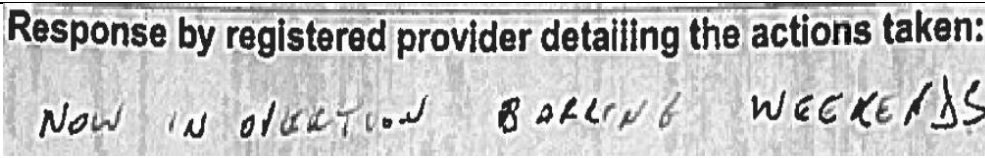
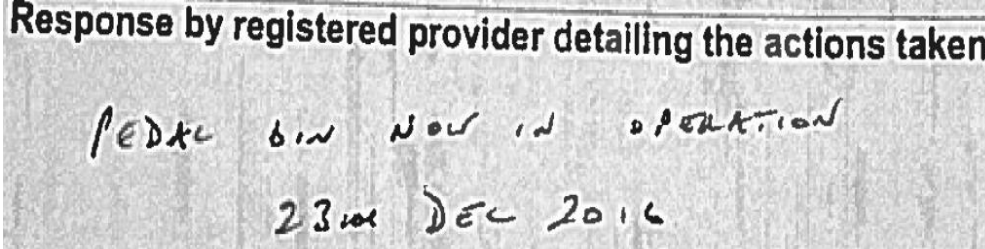
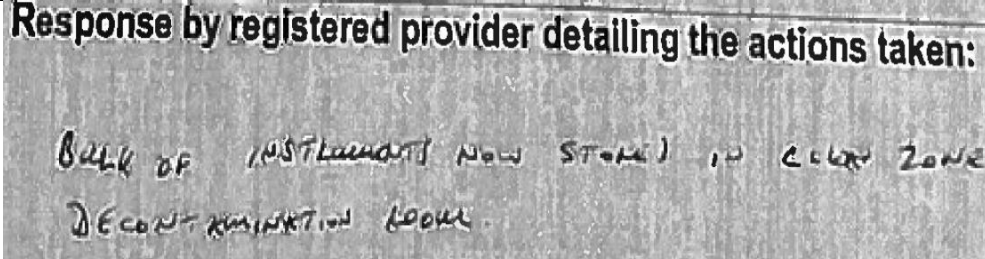
To be completed by: 12 March 2017

The appraisal system should be formalised. Appraisal should be carried out with each staff member on an annual basis and records retained.

Response by registered provider detailing the actions taken:



<p>Recommendation 3</p> <p>Ref: Standard 11.4</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2017</p>	<p>A system should be implemented to monitor and ensure that the General Dental Council (GDC) continuous professional development (CPD) requirements, as applicable, and other mandatory training is met by all staff in the practice.</p> <p>Response by registered provider detailing the actions taken:</p> 
<p>Recommendation 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 12 January 2017</p>	<p>The following records should be retained in the practice and be available for inspection:</p> <ul style="list-style-type: none"> • a record of all documentation relating to the recruitment process • a record of training and professional development activities completed by staff • a record of the annual appraisal for each member of staff <p>Response by registered provider detailing the actions taken:</p> 
<p>Recommendation 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 13 December 2016</p>	<p>The information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained in respect of any new staff recruited.</p> <p>Response by registered provider detailing the actions taken:</p> 
<p>Recommendation 6</p> <p>Ref: Standard 11.2</p> <p>Stated: First time</p> <p>To be completed by: 13 December 2016</p>	<p>Information pertaining to enhanced AccessNI checks should be retained in keeping with AccessNI's code of practice and should include the dates the check was applied for and received, the unique identification number and the outcome of the check.</p> <p>Response by registered provider detailing the actions taken:</p> 

<p>Recommendation 7</p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2017</p>	<p>The safeguarding children and adults policy should be reviewed and updated to reflect new regional guidance.</p> <p>On completion of the policy review staff training should be provided.</p> <p>Arrangements established to ensure that refresher training is provided every two years as outlined in the Minimum Standards for Dental Care and Treatment 2011.</p> <p>Training records should be retained.</p> <p>Response by registered provider detailing the actions taken:</p> 
<p>Recommendation 8</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 13 December 2016</p>	<p>Daily fridge temperatures should be recorded to evidence that the Glucagon medication is stored between 2 and 8 degrees centigrade in keeping with the manufacturer's instructions.</p> <p>Response by registered provider detailing the actions taken:</p> 
<p>Recommendation 9</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 12 January 2017</p>	<p>The waste bin in the toilet facility should be replaced with a pedal operated bin.</p> <p>Response by registered provider detailing the actions taken:</p> 
<p>Recommendation 10</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2017</p>	<p>Compliance with Health Technical Memorandum (HTM) 01-05 should be audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool.</p> <p>An action plan should be generated to address any issues identified.</p> <p>Response by registered provider detailing the actions taken:</p> 

<p>Recommendation 11</p> <p>Ref: Standard 12.5</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2017</p>	<p>Staff should be provided with fire safety awareness training on an annual basis.</p> <p>Fire drills should be undertaken annually.</p> <p>Records should be retained.</p>
<p>Response by registered provider detailing the actions taken:</p>	
<p><i>FIRE DRILL COMPLETED ON 20th JANUARY 2017. FIRE ANALYSTS COURSE COMPLETED.</i></p>	

Name of registered manager/person completing QIP	[REDACTED]		
Signature of registered manager/person completing QIP	[REDACTED]	Date completed	14.2.17
Name of registered provider approving QIP	[REDACTED]		
Signature of registered provider approving QIP	[REDACTED]	Date approved	
Name of RQIA inspector assessing response	[REDACTED]		
Signature of RQIA inspector assessing response	[REDACTED]	Date approved	17.2.17

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