Announced Care Inspection Report
13 December 2017

Joan Mangan & Associates Dental Practice
Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 13 Belfast Road, Antrim, BT41 1NY
Tel No: 028 94462335
Inspector: Mr Stephen O'Connor

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a registered dental practice with four registered places.

3.0 Service details

Registered organisation/registered person: Ms Joan Mangan	**Registered manager:** Ms Joan Mangan
Person in charge of the service at the time of inspection: Ms Joan Mangan	**Date manager registered:** 11 March 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 4

4.0 Inspection summary

An announced inspection took place on 13 December 2017 from 09:50 to 12:15.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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).

The inspection assessed progress with any areas for improvement identified 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.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

No areas for improvement were identified during the inspection.

All patients who submitted questionnaire responses indicated that they were very satisfied with the standard of care and treatment delivered in Joan Mangan and Associates Dental Practice.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Joan Mangan, registered person, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent enforcement monitoring care inspection dated 02 September 2016

Following an announced care inspection on 23 May 2016 a failure to comply notice was issued to Joan Mangan & Associates Dental Practice on 01June 2016 relating to poor practice associated with the recruitment and selection of staff.

An unannounced enforcement compliance inspection was carried out on 02 September 2016 to assess compliance with the failure to comply notice. Evidence was available to validate full compliance with the failure to comply notice.

The areas for improvement identified during the announced inspection on 23 May 2016 were reviewed during the enforcement monitoring inspection carried out on 02 September 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the announced inspection undertaken on 23 May 2016
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Ms Joan Mangan, registered person, an associate dentist and a dental nurse, who works primarily on reception. A tour of some areas of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

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

Areas for improvement identified at the last announced care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection 25 May 2016

The most recent inspection of the practice was an enforcement compliance undertaken on 02 September 2016. No areas for improvement were identified during this inspection.

The completed QIP for the announced care inspection undertaken on 23 May 2016 was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection 23 May 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 15 (3) **Stated:** First time	The registered person must review the procedure for undertaking and recording the results of periodic tests in respect of the DAC Universal and steam sterilisers. Periodic testing and recording must be in keeping with the 2013 edition HTM 01-05.	**Met**

	Action taken as confirmed during the inspection: Separate files have been created for each machine used to decontaminate reusable dental instruments. Review of the files evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05.	
Area for improvement 2 **Ref:** Regulation 15 (1) (b) **Stated:** First time	The registered person must ensure that the following issues in relation to radiology and radiation safety are addressed: • all recommendations within the RPA report dated 09 March 2015 must be addressed. The RPS should sign and date the recommendations to confirm they have been addressed • the RPS must ensure that staff entitlements are completed and records retained • the local rules must be signed by all appropriate staff to confirm they had read and understood them	**Met**
	Action taken as confirmed during the inspection: Review of the most recent radiation protection advisor (RPA) report dated 9 March 2015 evidenced that Ms Mangan as the radiation protection supervisor (RPS) had signed and dated the recommendations made within the report to confirm they had been addressed. Review of records evidenced that staff had been entitled by the RPS to undertaken duties in respect of radiology. Review of records evidenced that all appropriate staff, to include recently recruited staff, had signed the local rules to confirm they had read and understood them.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time	The registered person should ensure that the practice has timely access to an automated external defibrillator (AED). If an AED is not available in the practice formal arrangements should be established to get timely access to an AED. A procedure in regards to accessing	**Met**

	and operation of an AED should be developed and shared with staff.	
	Action taken as confirmed during the inspection: It was observed that an AED is now available in the practice. Ms Mangan confirmed that staff have been trained in the use of the AED.	
Area for improvement 2 **Ref**: Standard 12.1 **Stated:** Second time	The registered person must ensure that the medical emergency policy is further developed to reflect best practice guidance. The policy should be further developed to include the following information: • a list of emergency medicines and equipment available • the checking procedures for emergency medicines and equipment • the procedure for documenting medical emergencies • the procedure to be followed in regards to staff debriefing following a medical emergency	**Met**
	Action taken as confirmed during the inspection: Review of the medical emergency policy evidenced that it fully reflects best practice guidance and includes the information listed above.	
Area for improvement 3 **Ref**: Standard 11 **Stated:** First time	The registered person should implement a system for appraising staff performance at least on an annual basis.	**Met**
	Action taken as confirmed during the inspection: Ms Mangan confirmed that a system for appraising staff performance on an annual basis is now in place. Associate dentists have responsibilities for undertaking appraisals for the nurses they work with. A review of a sample of eight evidenced that appraisals had been completed.	
Area for improvement 4 **Ref**: Standard 11.1 **Stated:** First time	The registered person should ensure that information within AccessNI enhanced disclosure certificates is recorded as follows: • a record of the date that the application form was submitted to the umbrella organisation • a record of the date the enhanced	

	disclosure check was received by the practice • a record of the unique AccessNI reference number on the disclosure certificate • the date and outcome of the registered persons consideration of the information contained on the certificate	**Met**
	Action taken as confirmed during the inspection: It was confirmed that a template to record all pertinent information contained within AccessNI enhanced disclosure certificates has been developed. Review of the submitted staffing information evidenced that four new staff have been recruited since the previous inspection. Review of the identified staff personnel files evidenced that the AccessNI recording template had been appropriately completed.	
Area for improvement 5 **Ref**: Standard 13.4 **Stated:** First time	The registered person should ensure the following issues in relation to equipment used during the decontamination process is addressed: • a copy of the validation certificates for the steam sterilisers must be submitted to RQIA upon submission of this QIP • repairs must be completed to ensure the DAC Universal is fully operational •	**Met**
	Action taken as confirmed during the inspection: Following the previous announced care inspection the validation certificates for the steam sterilisers were submitted to RQIA. These certificates were dated June 2016. Review of the DAC Universal logbook evidenced that the maintenance/fault log was fully completed. The DAC Universal has been repaired and is fully operational.	
Area for improvement 6 **Ref**: Standard 13.4 **Stated:** First time	The registered person should ensure that compliance with HTM 01-05 is audited on a six monthly basis using the 2013 IPS audit tool and records retained.	**Met**

	Action taken as confirmed during the inspection: Ms Mangan confirmed that she is the person responsible for completing the Infection Prevention Society (IPS) Health Technical Memorandum (HTM) 01-05 compliance audit. Review of records evidenced that three audits have been completed since the previous announced care inspection in May 2016.	
Area for improvement 7 **Ref**: Standard 10 **Stated:** First time	The registered person should forward a copy of the ICO registration certificate to RQIA upon submission of this QIP.	**Met**
	Action taken as confirmed during the inspection: Following the previous announced care inspection during May 2016 a copy of the Information Commissioners Office (ICO) registration certificate was submitted to RQIA. A current in date certificate was viewed during the inspection.	
Area for improvement 8 **Ref**: Standard 8.5 **Stated:** First time	The registered person should forward a copy of the practices public and employers liability insurance certificate to RQIA upon submission of this QIP.	**Met**
	Action taken as confirmed during the inspection: Following the previous announced care inspection during May 2016 a copy of the employer's liability insurance certificate was submitted to RQIA. The current in date certificate was viewed during the inspection.	
Area for improvement 9 **Ref**: Standard 8.5 **Stated:** First time	The registered person should ensure that any information requested by RQIA, and specifically the completion of a QIP, should be submitted within the timescales specified.	**Met**
	Action taken as confirmed during the inspection: Information requested by RQIA has been submitted within specified timeframes.	
Area for improvement 10 **Ref**: Standard 8.5	The registered person should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame.	**Met**

Stated: First time		
	Action taken as confirmed during the inspection: Discussion with Ms Mangan and review of the Quality Improvement Plan (QIP) for the inspection undertaken during May 2016 evidenced that areas for improvement against the regulations and standards have been met.	
Area for improvement 11 **Ref**: Standard 8 **Stated:** First time	The registered person should review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.	**Met**
	Action taken as confirmed during the inspection: Review of documentation evidenced that various templates have been developed and implemented to ensure relevant information is recorded and retained. Ms Mangan confirmed that the practice receptionist now supports her with administrative duties and that a master calendar detailing when the servicing and maintenance of equipment and review of risk assessments/staff appraisals are due is maintained. These measures will help to ensure standards are consistently maintained.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Four dental surgeries are in operation in this practice. Discussion with Ms Mangan and 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. A sample of four evidenced that induction programmes had been completed when new staff 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 eight evidenced that appraisals had been completed 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 Ms Mangan confirmed that four staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. A discussion took place in regards to referring new clinical staff members to Occupational Health.

Ms Mangan confirmed that she intends to recruit an additional receptionist early in the new year.

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

Safeguarding

Staff 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. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

One overarching policy was 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 relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled ‘Co-operating to Safeguard Children and Young People in Northern Ireland’ (March 2016) and the regional guidance document entitled ‘Adult Safeguarding Prevention and Protection in Partnership’ (July 2015) were both available for staff reference.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). A discussion took place in

relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB). Ms Mangan has advised that Buccolam will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF. The current stock of Buccolam expires in January 2018 and Ms Mangan confirmed that Buccolam pre-filled syringes will be ordered in sufficient doses and quantities as recommended by the HSCB.

Review of the medical emergency equipment evidenced 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. The most recent occasion staff completed medical emergency refresher training was during June 2017.

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

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

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including a washer disinfector, a DAC Universal 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 December 2017.

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

Radiography

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

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that 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 each x-ray machine observed 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 dated 09 March 2015 demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained during July 2017 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 to include the routine servicing of the oil fired central heating burner, intruder alarm, fire detection system and firefighting equipment. Arrangements are also in place to undertake portable appliance testing (PAT) of electrical equipment.

It was confirmed that the fire risk assessment was completed by an external organisation, that routine checks are undertaken in respect of the fire detection system. Fire safety awareness training is provided for staff and fire drills are undertaken and records retained. Staff demonstrated that they were aware of the action to take in the event of a fire.

It was confirmed that the legionella risk assessment was completed in house and that water temperatures are monitored and recorded.

Review of records evidenced that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels. Ms Mangan confirmed that a new compressor has been purchased and is due to be installed.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Four patients submitted questionnaire responses to RQIA. All indicated that they felt their care was safe and they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

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

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, safeguarding, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Clinical records

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

Ms Mangan confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and 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. Ms Mangan confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Ms Mangan confirmed that oral health and hygiene is actively promoted on an individual level with patients during their consultations. A range of information leaflets are available and models are used for demonstration purposes. Ms Mangan confirmed that oral health awareness sessions have been delivered in a local primary school.

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
- completion of medical histories

Communication

Ms Mangan 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 routine 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 and formal 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 four patients who submitted questionnaire responses indicated that they felt their care was effective and they were very satisfied with this aspect of their care. No comments were included in submitted questionnaire responses.

All 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 and they were very satisfied with this

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

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity, respect and involvement in decision making

Staff demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

Patient and staff views

All four patients who submitted questionnaire responses indicated that they felt staff treated them with compassion and they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

All five staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care and they were very

satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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. Ms Mangan 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 displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. Following the inspection information was shared with the inspector; this information should have been shared with RQIA through the submission of a notifiable event. This was brought to the attention of Ms Mangan who immediately submitted the notification via the Web Portal. 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.

Ms Mangan 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.

Ms Mangan, registered person, demonstrated a clear understanding of her 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.

Patient and staff views

All four patients who submitted questionnaire responses indicated that they felt their care was well led/managed and they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

All five submitted staff questionnaire responses indicated that they felt that the service is well led and they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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