

Announced Care Inspection Report 4 May 2017



OnebyOne Dental

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

Address: 1 Manor Drive, Lisburn, BT28 1JH

Tel no: 028 9266 3364

Inspector: Winnie Maguire

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of OnebyOne Dental took place on 4 May 2017 from 10.00 to 13.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Ms Jemma McKeown, 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. Five recommendations have been made in relation to the provision of Buccolam pre-filled syringes, devising an induction programme, updating safeguarding policies and procedures and training, further developing robust checking procedures for emergency medicines and equipment and devising a policy on security arrangements for prescription pads.

Is care effective?

Observations made, review of documentation and discussion with Ms McKeown 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 Ms McKeown 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 identified that further development is needed to ensure that effective leadership and governance arrangements are in place to create 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. A number of quality assurance processes were in place. However, issues were identified as outlined in 'Is Care Safe?' which all relate to quality assurance and good governance. Implementation of the recommendations made under the Is care safe, domain will further enhance the governance arrangements in the practice. 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	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms McKeown, 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 16 May 2016.

2.0 Service details

Registered organisation/registered person: Ms Jemma McKeown Mr Christopher Gardiner	Registered manager: Ms Jemma McKeown
Person in charge of the practice at the time of inspection: Ms Jemma McKeown	Date manager registered: 3 December 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

Following the previous inspection RQIA were notified that the name of the practice was changing from Manor Drive Dental Practice to OnebyOne Dental.

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 Ms McKeown, registered person, the practice manager and a dental nurse. 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 16 May 2016

The most recent inspection of the OnebyOne Dental 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 16 May 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15 (6) Stated: First time	The registered person must ensure that the following issues in relation to emergency medicines and equipment are addressed: <ul style="list-style-type: none"> • portable suction must be provided in keeping with the Resuscitation Council (UK) guidance • adrenalin in a format suitable for the administration to children must be provided in keeping with BNF guidance. 	Met

	<p>Action taken as confirmed during the inspection: The following issues in relation to emergency medicines and equipment were addressed:</p> <ul style="list-style-type: none"> • portable suction was provided in keeping with the Resuscitation Council (UK) guidance • adrenalin in a format suitable for the administration to children was provided in keeping with BNF guidance. 	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 10 Stated: First time</p>	<p>The registered person should ensure that a records management policy is established and implemented. The policy should include the arrangements in regards to the creation, storage, recording, retention and disposal of records.</p> <p>Action taken as confirmed during the inspection: A records management policy has been established and implemented. The policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records.</p>	Met
<p>Recommendation 2 Ref: Standard 12.4 Stated: Second time</p>	<p>It is recommended that advice and guidance is sought from Mr Gardiner and Ms McKeown's medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <p>Action taken as confirmed during the inspection: An AED has been purchased by the practice and staff have received training on its use.</p>	Met
<p>Recommendation 3 Ref: Standard 11 Stated: First time</p>	<p>The registered person should implement a system for appraising staff performance at least on an annual basis.</p> <p>Action taken as confirmed during the inspection: A system for appraising staff performance at least on an annual basis has been implemented in the practice.</p>	Met
<p>Recommendation 4 Ref: Standard 11 Stated: First time</p>	<p>The registered person should ensure that all staff including self-employed staff have a contract of employment/agreement. A copy of contracts/agreements should be retained in staff personnel files.</p>	Met

	<p>Action taken as confirmed during the inspection: The practice has devised staff agreements and is in the process of introducing them.</p>	
<p>Recommendation 5 Ref: Standard 8.3 Stated: First time</p>	<p>The registered person should ensure that the following issues in relation to radiology and radiation safety are addressed:</p> <ul style="list-style-type: none"> • a critical examination of the x-ray equipment should be undertaken by the appointed RPA every three years • a copy of the most recent RPA report should be available and evidence that recommendations made within the report have been addressed • x-ray quality grading audits should be completed every six months . <p>Action taken as confirmed during the inspection: The following issues in relation to radiology and radiation safety were addressed:</p> <ul style="list-style-type: none"> • a critical examination of the x-ray equipment has been undertaken by the appointed RPA every three years • a copy of the most recent RPA report was available and there was evidence that recommendations made within the report had been addressed • x-ray quality grading audits have been completed every six months. 	<p>Met</p>
<p>Recommendation 6 Ref: Standard 13.2 Stated: First time</p>	<p>The registered person should ensure that there is sufficient cleaning equipment to clean the different designated areas within the practice. Cleaning equipment should be colour coded in keeping with The National Patient Safety Agency cleanliness guidelines.</p> <p>Action taken as confirmed during the inspection: There was sufficient cleaning equipment to clean the different designated areas within the practice. Cleaning equipment was colour coded in keeping with The National Patient Safety Agency cleanliness guidelines.</p>	<p>Met</p>

<p>Recommendation 7</p> <p>Ref: Standard 10</p> <p>Stated: First time</p>	<p>The registered person should ensure that the following issues in regards to records management are addressed:</p> <ul style="list-style-type: none"> the practice should register with the Information Commissioners Office a freedom of information publication scheme should be established <p>Action taken as confirmed during the inspection: The following issues in regards to records management were addressed:</p> <ul style="list-style-type: none"> the practice has registered with the Information Commissioners Office a freedom of information publication scheme has been established 	<p>Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 9.4</p> <p>Stated: First time</p>	<p>The registered person should ensure that a patient satisfaction survey in regards to the standard and quality of care is undertaken annually. The results of the patient consultation should be collated to provide a summary report which should be made available to patients and other interested parties.</p> <p>Action taken as confirmed during the inspection: A patient satisfaction survey in regards to the standard and quality of care has been undertaken annually. Advice was given in relation to the results of the patient consultation being collated to provide a summary report and been made available to patients and other interested parties.</p>	<p>Met</p>

4.3 Is care safe?

Staffing

Two dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

A recommendation was made to develop induction programme templates which are relevant to specific roles and responsibilities.

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 an annual basis. Ms McKeown and staff confirmed they had received appropriate training to fulfil the duties of their role. There were limited training records available for

inspection and following inspection a central template for recording training was forwarded to RQIA to ensure training records are retained and available for inspection.

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 McKeown confirmed that a member of staff had been recruited since the previous inspection. A review of the personnel file for this member of staff demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been retained. Ms McKeown confirmed all information had been sought and forwarded electronic copies of the remaining recruitment information to RQIA following inspection.

There was a recruitment policy and procedure available. A minor amendment was suggested to the recruitment policy and procedure.

Safeguarding

Staff spoken with were aware of some 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.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. It was recommended the adult safeguarding policy and procedures are updated in line with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and staff should undertake update training on adult safeguarding. Following inspection an electronic copies of the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise and the regional guidance for safeguarding children and young people, 2016 ,were forwarded to the practice for inclusion in the safeguarding policy and procedures.

Management of medical emergencies

A review of medical emergency arrangements evidenced that most emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of Buccolam prefilled syringes. However it was noted that Buccal Midazolam was available in the practice and following discussion it was agreed that it would be replaced with Buccolam prefilled syringes. A recommendation has been made on this matter. A system was in place to ensure that emergency medicines not exceed their expiry date. However it was noted an adrenalin pre-filled pen had exceeded the expiry date. It was removed immediately and there were other adrenalin pre-filled pens within expiry date available. Emergency equipment had not been formally included in the checking procedure. A size three oropharyngeal airway had exceeded the expiry date and it was removed immediately. Another size three oropharyngeal airway within date was available. A recommendation was made to develop a robust checking procedure for emergency medicines and equipment. There was an identified individual with responsibility for checking emergency medicines and equipment.

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 was available. Following the inspection an electronic updated version was forwarded to RQIA which included the provision of training, the provision of emergency medicines and equipment, checking procedures, incident management and staff debriefing.

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 who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant 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.

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 November 2016.

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

Radiography

The practice has two surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken

to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

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

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

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

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

Environment

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

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment.

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

A fire risk assessment had been undertaken and staff confirmed fire training and 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 is in place dated May 2017. Portable appliance testing (PAT) has been undertaken in March 2017.

Ms McKeown outlined the security arrangements for the storage of prescription pads. However there was no written policy in place and a recommendation was made to devise a policy on the arrangements for the security of prescription pads.

Patient and staff views

Six patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Five indicated that they are very satisfied and one patient was satisfied with this aspect of care. The following comment was provided:

- "Yes, service is fantastic."

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and that they are 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 for improvement

Develop induction programme templates which are relevant to specific roles and responsibilities.

The adult safeguarding policy and procedures should be updated in line with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and staff should undertake update training on adult safeguarding.

Buccolam prefilled syringes must be available in the practice.

Develop a robust checking procedure for emergency medicines and equipment to ensure they do not exceed their expiry date.

Devise a policy on the arrangements for the security of prescription pads.

Number of requirements	0	Number of recommendations	5
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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 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. A range of health promotion information leaflets were available in the reception area. The practice has a health promotion outreach programme that they deliver to community groups. It was 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

Communication

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

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

Breaking bad news in dentistry was discussed and advice was given on developing a breaking bad news policy in respect of dentistry.

Patient and staff views

Six patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Five patients indicated that they are very satisfied and one patient satisfied with this aspect of care. Comments provided included the following:

- “Very good dental practice.”
- “The care that I have been given by OnebyOne Dental has been amazing. I came here embarrassed by my teeth and OnebyOne sorted it.”

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 that they are very satisfied by this aspect of 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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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

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

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

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

The practice undertakes patient satisfaction surveys on an annual basis. Advice was given on collating the results and providing a patient satisfaction report which is then made available to patients and other interested parties. It was 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 which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

Six patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Five indicated that they were very satisfied and one satisfied with this aspect of care. Comments provided included the following:

- "Yes, very much so, I was getting married in September 2016 and I was so upset with the state of my teeth, the way I was left by my old practice. I came here weeks before my wedding to see if anything could be done and they fixed my smile and I couldn't be happier."
- "I can't understand how to get access to the NHS care. I'm over 60, worked all my life and still have to pay."

Five submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Four indicated that they were very satisfied and one satisfied with this aspect of 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.

Ms McKeown 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 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, a minor amendment was suggested. 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. 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.

It was 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. Whilst there were a number of quality assurance processes in place, issues were identified as outlined in 'Is Care Safe?' which all relate to quality assurance and good governance. It is hoped addressing these issues will strengthen the overall governance arrangements for the practice.

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 McKeown 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. A new RQIA certificate of registration was issued following the practice's change of name.

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

Patient and staff views

Six patients who submitted questionnaire responses indicated that they felt that the service is well managed. Five indicated that they were very satisfied and one satisfied that the service is well led. Comments provided included the following:

- “Always treated with consideration and an enthusiasm to help even at short notice. An excellent dental practice.”
- “Yes. I couldn’t recommend it enough.”

Five submitted staff questionnaire responses indicated that they feel that the service is well led and that 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 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 Ms McKeown, 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: 4 June 2017	Develop induction programme templates which are relevant to specific roles and responsibilities. Response by registered provider detailing the actions taken: An induction programme for specific roles has now been developed. The original induction programme which did not cover enough detail for specific roles in the practice has now been replaced.
Recommendation 2 Ref: Standard 15.3 Stated: First time To be completed by: 4 August 2017	The adult safeguarding policy and procedures should be updated in line with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and staff should undertake update training on adult safeguarding. Response by registered provider detailing the actions taken: An updated policy has been developed and training organised for all members of staff on adult safeguarding.
Recommendation 3 Ref: Standard 12.4 Stated: First time To be completed by: 4 June 2017	Develop a robust checking procedure for emergency medicines and equipment to ensure they do not exceed their expiry date. Response by registered provider detailing the actions taken: A checking procedure has been updated and equipment added to this.
Recommendation 4 Ref: Standard 8.5 Stated: First time To be completed by: 4 June 2017	Devise a policy on the arrangements for the security of prescription pads. Response by registered provider detailing the actions taken: Procedures were already in place regarding security of prescription pads however a policy has now been developed detailing this.
Recommendation 5 Ref: Standard 12.4 Stated: First time To be completed by: 12 May 2017	Ensure Buccolam pre filled syringes are available in the practice Response by registered provider detailing the actions taken: Buccal midazolam was available however it is not in pre-filled syringes. These have now been obtained and the previous returned to the local Pharmacy.

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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