



The Regulation and
Quality Improvement
Authority

Abbey Dental Care
RQIA ID: 11598
604 Shore Road
Whiteabbey
BT37 0SN

Inspector: Emily Campbell
Inspection ID: IN21386

Tel: 028 9085 1597

**Announced Care Inspection
of
Abbey Dental Care**

06 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 06 May 2015 from 10.00 to 13.10. Overall on the day of the inspection it was found that improvements in the management of medical emergencies and recruitment and selection are necessary in order for care to be safe, effective and compassionate. Some outstanding issues from the previous inspection also need to be addressed. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report. 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) Regulation 2011, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 09 September 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	6

The details of the QIP within this report were discussed with Mr McNally, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Damian McNally	Registered Manager: Mr Damian McNally
Person in Charge of the Practice at the Time of Inspection: Mr Damian McNally	Date Manager Registered: 10 July 2013
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 4

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection

4. Methods/Process

Specific methods/processes used in this inspection include the following:

The following records, provided during the inspection, were analysed: patient consultation declaration and complaints declaration. Staffing information which was provided on the day following the inspection was also reviewed.

During the inspection the inspector met with Mr McNally, two dental nurses and a receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, and three patient medical histories. Staff personnel files, job descriptions, contracts of employment/agreement and induction programmes were not available for review.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 09 September 2014. The completed QIP was not returned to RQIA until 01 May 2015 and was approved by the care inspector on 06 May 2015.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 09 September 2014

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 17 (3)</p> <p>Stated: Second time</p>	<p>Establish a system to ensure that patient consultation is carried out on at least an annual basis and the results of the consultation made available to patients.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A patient satisfaction survey had not been undertaken by the time of this inspection and Mr McNally advised that there had been insufficient responses provided to complete a summary. Mr McNally indicated in the QIP response that he intended to complete a survey in May 2015 and annually thereafter. Concerns regarding this timescale were discussed with Mr McNally given that this requirement has already been stated twice. The process for carrying out the patient satisfaction survey was discussed and Mr McNally was again advised that a more formalised structured approach needed to be taken. It was agreed that all patients who attended the practice on the day of the inspection and the following two days would be asked to complete a patient satisfaction questionnaire and that the findings of these would be collated and a summary report provided to RQIA. The summary report was subsequently emailed to RQIA on 14 May 2015 and included an action plan for improvement. Mr McNally confirmed that annual patient satisfaction surveys would be carried out in the future.</p>	<p>Met</p>

<p>Requirement 2</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: First time</p>	<p>The complaints policy for NHS patients should be further developed to include the details of the Health and Social Care Board (HSCB) at the local resolution stage in keeping with standard 9 of the Minimum Standards for Dental Care and Treatment (2011). HSCB are another agency who will offer advice and support to patients wishing to make a complaint. The details of RQIA should also be included. The policy should inform patients that RQIA have an oversight role and not an investigatory role in the management of complaints.</p> <p>The policy for private patients should be further developed to remove the details of the NI Ombudsman. As with the NHS policy the details of RQIA should be included.</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of complaints policies evidenced that they have been further developed as required.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p>	<p>A system should be established to ensure that the cycle parameters are recorded for each cycle of the washer disinfectant.</p> <p>Records should be retained at the practice for at least two years.</p> <p>Action taken as confirmed during the inspection:</p> <p>It was observed that a datalogger has been attached to the washer disinfectant and review of computer records evidenced that the datalogger information is downloaded on a regular basis. Mr McNally confirmed that records would be retained for at least two years.</p>	<p>Met</p>

<p>Requirement 4</p> <p>Ref: Regulation 25 (2) (c)</p> <p>Stated: First time</p>	<p>Cleaning products must be safely stored in keeping with health and safety and Control of Substances Hazardous to Health (COSHH) regulations.</p> <p>A written protocol should be drawn up with the contacted cleaning service detailing the arrangements for the cleaning of the practice. This should include the colour coding of cleaning equipment.</p> <p>The written protocol should be included in the cleaning and maintaining the environment policy.</p> <p>The rusted mop bucket should be removed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was observed that cleaning products were appropriately stored. The rusted mop bucket had been removed and three colour coded mops and buckets were available.</p> <p>A written protocol had not been drawn up and this aspect of the requirement was stated for the second time during this inspection.</p>	<p>Partially Met</p>
<p>Last Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 14</p> <p>Stated: Second time</p>	<p>The legionella risk assessment should be further development in relation to recording the details of the water supply to the practice and the control measures in place to minimise risk.</p> <p>This should include the management of dental unit water lines.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with Mr McNally and review of documentation evidenced that this recommendation has been met.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>Sterilised instruments should be stored away from the clinical environment in keeping with best practice as indicated in the 2013 edition of HTM 01-05.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was observed that a new cabinet has been installed in the decontamination room and is in use for the storage of sterilised instruments. Mr McNally confirmed that sterilised instruments are not stored in surgeries.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The weekly safety checks for the washer disinfector should be recorded in the logbook.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Observation of the washer disinfector logbook confirmed that safety checks are recorded as recommended.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>All of the relevant logbook information should be collated into a file to provide a concise record in relation to the vacuum steriliser.</p> <p>The logbook should include:</p> <ul style="list-style-type: none"> • records of the weekly periodic tests; • fault history; and • information on the specifics of the machine and details of the responsible persons under HTM 01-05. <p>A separate logbook should be established for the non-vacuum steriliser and periodic tests undertaken and recorded when it is in use.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was observed that all periodic tests have been recorded for each steriliser separately and fault histories were available for each machine, however, these had not been separated into two distinct separate logbooks. A pre-printed logbook was commenced during the inspection for the vacuum</p>	<p>Met</p>

	steriliser and a fully populated logbook was established for the non-vacuum steriliser. Both logbooks now contain the relevant information as indicated in HTM 01-05.	
Recommendation 5 Ref: Standard 13 Stated: First time	<p>Sharps boxes should be signed and dated on assembly and final closure.</p> <p>Action taken as confirmed during the inspection:</p> <p>Observations made and discussion with Mr McNally and staff confirmed that this recommendation has been met.</p>	Met
Recommendation 6 Ref: Standard 13 Stated: First time	<p>The floor coverings in clinical and decontamination areas should be sealed where cabinetry meets the flooring.</p> <p>Action taken as confirmed during the inspection:</p> <p>Flooring in the decontamination room has been sealed as recommended, however, the flooring in the three first floor surgeries have not been sealed. The ground floor surgery is not currently in use and will not be used until refurbishment of the surgery is completed.</p> <p>This recommendation has been partially addressed and the unaddressed aspect has been stated for the second time.</p>	Partially Met
Recommendation 7 Ref: Standard 13 Stated: First time	<p>Establish a time scaled refurbishment programme to replace the flooring in the identified surgeries.</p> <p>Action taken as confirmed during the inspection:</p> <p>Mr McNally confirmed that he intends to replace the flooring in his surgery and the surgery currently being used by the hygienist, however, this has not yet been implemented.</p> <p>A requirement was made during this inspection that the flooring in these surgeries should be replaced and a timescale of six months for completion was agreed.</p>	Not Met

<p>Recommendation 8</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>More attention to detail should be paid to the cleaning in clinical areas as discussed in section 10.2 of the report.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Observations made of two surgeries evidenced that this recommendation has been addressed.</p>	<p>Met</p>
<p>Recommendation 9</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The overflows of dedicated hand washing basins in dental surgeries should be blanked off with a stainless steel plate sealed with antibacterial mastic.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Mr McNally advised that despite consulting with contractors he was unable to get the overflows blanked off. This was due to a protrusion integral to the design of the basin in the middle of the overflow.</p> <p>It is accepted that efforts have been made to address this recommendation; however, due to the design of the basins this has not been possible. It was suggested that clinical hand washing basins are provided in surgeries on the next refurbishment.</p>	<p>Met</p>
<p>Recommendation 10</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>If the manual cleaning of dental instruments is necessary instruments should be submerged under water during this process.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with a dental nurse confirmed that instruments will be submerged during cleaning if manual cleaning has to be undertaken.</p>	<p>Met</p>

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr McNally and 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 the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with Mr McNally and staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF) and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of portable suction and an automated external defibrillator (AED). Mr McNally advised that the practice had portable suction; however, this could not be located on the day of inspection. A system is in place to monitor the expiry dates of emergency medicines and equipment. However, a review of emergency medicines and equipment evidenced that ampoules of adrenaline, dispersible aspirin, Glucagon and two venflons were out of date. In date venflons of the same sizes as the expired ones were available. The revised 18 month expiry date of February 2015, which had been identified on the Glucagon medication as it was not stored in the fridge, had been written over to show an expiry date of August 2015. This reflected the date of expiry had the medication been stored at a temperature between 2 and 8 degrees Celsius. As two adult and two child pre-filled adrenaline doses were available, which were in date, the adrenaline ampoules were disposed of during the inspection. Disposable aspirin and the Glucagon medication were replaced during the inspection and a revised 18 month expiry date was recorded on the Glucagon. Concerns were discussed with Mr McNally regarding the lack of robustness regarding the checking procedures in place to monitor expiry dates and suggestions were provided on how this could be improved. Mr McNally was aware that the current format of buccal midazolam should be replaced with Buccolam pre-filled syringes, as recommended by the Health and Social Care Board, on expiry.

Discussion with Mr McNally and staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

Overall on the day of the inspection it was identified that further improvement is needed in the arrangements for managing a medical emergency to ensure they are safe.

Is Care Effective?

An overarching policy for the management of medical emergencies was not available. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies. The protocol for the management of epilepsy needs to be updated to reflect the use of buccal as opposed to parental midazolam.

Discussion with Mr McNally and staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with McNally and staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

Overall on the day of the inspection it was identified that further development is needed to ensure the arrangements for managing a medical emergency are effective.

Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion McNally and staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

Areas for Improvement

A robust system should be implemented to monitor the expiry dates of emergency medicines and equipment.

An overarching policy for the management of medical emergencies reflecting best practice guidance should be developed and the protocol for the management of epilepsy should be updated.

The provision of emergency equipment should be reviewed to ensure provision in keeping with the Resuscitation Council (UK) guidelines.

Number of Requirements:	1	Number of Recommendations:	2
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5.4 Recruitment and selection

Is Care Safe?

There have been no new staff recruited in the practice since registration with RQIA. Mr McNally is aware of the need to develop a recruitment policy and procedure reflecting best practice guidance if and when new staff are to be recruited.

As there have been no new staff recruited since registration with RQIA, staff personnel files were not reviewed in relation to recruitment and selection. However, Mr McNally confirmed on discussion that the following information would be retained in the event of any new staff being recruited:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to commencement of employment;
- two written references;

- details of full employment history, including an explanation of any gaps in employment;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- criminal conviction declaration on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

A staff register was not retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.

Mr McNally confirmed that he checks the professional indemnity status of registered dental professionals who require individual professional indemnity cover; however, there was no evidence to support this. It was observed that appropriate indemnity was in place in relation to Mr McNally.

Overall on the day of the inspection, recruitment and selection procedures were found to be generally safe.

Is Care Effective?

There were no staff personnel files available in the practice for review and Mr McNally advised these were retained at his home. Mr McNally was informed that personnel files should be retained in the practice and be available for review by RQIA.

Mr McNally, staff spoken with during the inspection and staff who submitted questionnaire responses confirmed that job descriptions, contracts of employment/agreement and induction programmes have been provided, however, this could not be verified as the files were not available for review.

Discussion with Mr McNally and staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

Overall on the day of the inspection it was identified that some improvement is needed to ensure that recruitment and selection procedures are effective.

Is Care Compassionate?

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. Mr McNally confirmed he is aware that prior to new staff commencing work in the practice an enhanced AccessNI disclosure must be received.

Discussion with Mr McNally and staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with Mr McNally and staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

Overall on the day of the inspection recruitment and selection procedures were found to be compassionate.

Areas for Improvement

Staff personnel files should be retained in the practice and be available for review. Copies of job descriptions, contracts of employment/agreement and induction programmes should be filed in personnel files.

A staff register should be established.

A robust system should be in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover.

Number of Requirements:	1	Number of Recommendations:	3
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5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr McNally, two dental nurses and a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. None were returned to RQIA within the timescale required, however three were provided during the inspection.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a job description and contract of employment/agreement on commencing work in the practice. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

5.5.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 01 January 2014 to 31 March 2015.

5.5.3 Patient consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. Mr McNally indicated that a system was in place for consultation with patients and that they were in the process of obtaining results. As discussed previously in section 5.2, Mr McNally advised during the inspection, that there had been insufficient responses provided to complete a summary. Following discussion it was agreed that all patients who attended the practice on the day of the inspection and the following two days would be asked to complete a patient satisfaction questionnaire and that the findings of these would be collated and a summary report provided to RQIA. The summary report was subsequently emailed to RQIA on 14 May 2015 and included an action plan for improvement. Mr McNally confirmed that annual patient satisfaction surveys would be carried out in the future.

6. Quality Improvement Plan

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

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person/s may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person(s) from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person(s) with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 25 (2) (c) Stated: Second time To be Completed by: 07 June 2015	<p>A written protocol should be drawn up with the contracted cleaning service detailing the arrangements for the cleaning of the practice. This should include the colour coding of cleaning equipment.</p> <p>The written protocol should be included in the cleaning and maintaining the environment policy.</p>
	Response by Registered Person(s) Detailing the Actions Taken: undertaken
Requirement 2 Ref: Regulation 25 (2) (b) Stated: First time To be Completed by: 06 November 2015	<p>The registered person must ensure that the flooring in the identified surgeries is replaced.</p>
	Response by Registered Person(s) Detailing the Actions Taken: contractor contacted
Requirement 3 Ref: Regulation 15 (6) Stated: First time To be Completed by: 08 June 2015	<p>The registered person must ensure that a robust system is implemented to monitor the expiry dates of emergency medicines and equipment.</p> <p>Ensure that medicines and equipment which have expired are removed and replaced.</p>
	Response by Registered Person(s) Detailing the Actions Taken: new system in place
Requirement 4 Ref: Regulation 21 (3) Schedule 3 Part II (8) Stated: First time To be Completed by: 8 June 2015	<p>The registered person must ensure that staff personnel files are retained in the practice and be available for review by RQIA.</p> <p>Personnel files for any new staff recruited should include the information as detailed in regulation 19 (2) Schedule 2 of The independent Healthcare Regulations (Northern Ireland) 2005.</p>
	Response by Registered Person(s) Detailing the Actions Taken: staff files to be kept in practice

Recommendations	
Recommendation 1 Ref: Standard 13 Stated: Second time To be Completed by: 06 July 2015	<p>The floor coverings in clinical areas should be sealed where cabinetry meets the flooring.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: now sealed</p>
Recommendation 2 Ref: Standard 12.1 Stated: First time To be Completed by: 06 July 2015	<p>It is recommended that an overarching policy for the management of medical emergencies reflecting best practice guidance should be developed.</p> <p>The protocol for the management of epilepsy should be updated to reflect the use of buccal as opposed to parental midazolam.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: new policy developed</p>
Recommendation 3 Ref: Standard 12.4 Stated: First time To be Completed by: 08 June 2015	<p>It is recommended that portable suction is provided for use in the event of a medical emergency.</p> <p>The availability of an automated external defibrillator (AED) should be reviewed. Mr McNally should seek advice and guidance from his medico-legal advisor in this regard.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: new portable suction ordered</p> <p>Heart sine company contacted re defib unit</p>
Recommendation 4 Ref: Standard 11 Stated: First time To be Completed by: 8 June 2015	<p>It is recommended that copies of job descriptions, contracts of employment/agreement and induction programmes should be filed in personnel files.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: undertaken</p>
Recommendation 5 Ref: Standard 11.1 Stated: First time To be Completed by: 08 June 2015	<p>It is recommended that a staff register is established containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: already sent</p>

Recommendation 6 Ref: Standard 11.2 Stated: First time To be Completed by: 08 June 2015	It is recommended that a robust system should be established to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover.		
	Response by Registered Person(s) Detailing the Actions Taken: in place		
Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	QIP not signed with Mr McNally's name but accepted as bona fide as it was received from the authorised email address which is Mr McNally's personal account and an email confirmation to the inspector confirming it had been sent on 24.8.15. Emily Campbell	Date Approved	24.8.15

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

Please provide any additional comments or observations you may wish to make below: