

Announced Care Inspection Report 17 January 2017



Moyle Dental Care

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

Address: 137 Old Glenarm Road, Larne, BT40 1NH

Tel no: 028 2827 3737

Inspector: Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Moyle Dental Care took place on 17 January 2017 from 10.00 to 12.45.

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

Is care safe?

Observations made, review of documentation and discussion with Mr Fergus Lynch, registered person and staff demonstrated that some improvement is needed to ensure systems and processes are in place to ensure that care 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. Four recommendations were made, one to update policies and procedures in respect of safeguarding, one to complete the Infection Prevention Society (IPS) audit tool, one recommendation was made to provide the most recent certificate of examination of pressure vessels and a recommendation was made to ensure the legionella risk assessment and the fire risk assessment are reviewed in keeping with best practice guidance.

Is care effective?

Observations made, review of documentation and discussion with Mr Lynch and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Lynch and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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 |
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| Total number of requirements and recommendations made at this inspection | 0 | 4 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Lynch, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

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| Registered organisation/registered person: Mr Fergus Lynch | Registered manager: Mr Fergus Lynch |
| Person in charge of the practice at the time of inspection: Mr Fergus Lynch | Date manager registered: 10 May 2012 |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 2 |

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Lynch, a dental nurse who also undertakes reception duties and a trainee 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 February 2016

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

During this inspection the recommendations made during the annual announced inspection undertaken on 16 September 2015 were reviewed.

4.2 Review of requirements and recommendations from the last care inspection dated 16 September 2015

| Last care inspection statutory requirements | | Validation of compliance |
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| <p>Requirement 1</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: Third time</p> | <p>The registered person must establish log books for the washer disinfectant and the steriliser used in the decontamination process. Log books should contain the following information:</p> <ul style="list-style-type: none"> • Details of the machine and location; • Commissioning report; • Daily/weekly test record sheets; • Quarterly test record sheets; • Annual service/validation certification; • Fault history; • Process log; • Records to show staff have been trained in the correct use of the machine; and • Relevant contacts e.g. service engineer | Met |
| <p>Action taken as confirmed during the inspection:</p> <p>This requirement was the focus of the follow up inspection on 16 February 2016 and was verified as having been met.</p> | | |
| Last care inspection recommendations | | Validation of compliance |
| <p>Recommendation 1</p> <p>Ref: Standard 15(2)(b)</p> <p>Stated: Third and final time</p> | <p>It is recommended that emergency equipment is provided as recommended by the Resuscitation Council (UK) guidelines to include;</p> <ul style="list-style-type: none"> • a self in-inflating bag with reservoir suitable for a child; and • clear oxygen face masks in adult and child sizes | Met |
| <p>Action taken as confirmed during the inspection:</p> <p>Review of the emergency equipment confirmed that the items listed were provided and ready for use.</p> | | |

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| <p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> | <p>It is recommended that advice and guidance should be sought from your 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 style="text-align: center;">Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The dental practice is within close proximity to the hospital and two GP surgeries; however Mr Lynch confirmed that in the future he intends to purchase an AED to have on site.</p> | | |
| <p>Recommendation 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> | <p>It is recommended that a written policy for the management of medical emergencies reflective of best practice guidance is developed to include:</p> <ul style="list-style-type: none"> • arrangements for mandatory training; • provision of equipment; • list emergency medication to be retained; • emergency equipment and emergency medication checking procedures; • how to summon help; • incident documentation and • staff debriefing | <p style="text-align: center;">Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Review of the policy for the management of medical emergencies confirmed the policy had been updated as recommended.</p> | | |

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| <p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> | <p>It is recommended that a recruitment and selection policy and procedures are developed to reflect best practice guidance to include;</p> <ul style="list-style-type: none"> the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; references; employment history; Access NI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies and include a criminal conviction declaration by the applicant | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Review of the recruitment and selection policy and procedures confirmed the above listed content had been included.</p> | | |

4.3 Is care safe?

Staffing

The practice has two dental surgeries, at the time of this inspection, only one surgery was in operation on an ongoing basis. 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.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within 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. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

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

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Lynch and staff confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

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

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

Copies of the regional guidance documents were emailed to Mr Lynch on 25 January 2017. A copy of the Gateway referral number in respect of an adult at risk of harm was provided during the inspection.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). It was observed that Glucagon medication was not stored in the fridge and a revised expiry date had not been recorded on the packaging to reflect this, a revised expiry date was subsequently provided on the Glucagon packaging, in keeping with the manufacturer's instructions.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

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

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

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered 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 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.

Discussion with Mr Lynch and staff identified that the IPS audit tool had not been completed. A recommendation was made in this regard. Following the inspection a copy of the IPS audit tool (2013 edition) was provided to Mr Lynch by email.

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

Radiography

The practice has two surgeries, 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, 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 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.

A legionella risk assessment had been undertaken in September 2011 and was last reviewed in April 2014, a recommendation has been made to ensure that this assessment is reviewed at least two yearly.

A fire risk assessment had been undertaken however records confirmed that this assessment had not been reviewed since 2 March 2014. A recommendation was made to ensure the fire risk assessment is reviewed at least annually.

Discussion with staff confirmed fire training and fire drills had been completed and staff demonstrated that they were aware of the action to take in the event of a fire.

Mr Lynch confirmed that a written scheme of examination of pressure vessels had been established however the most recent pressure test certificate could not be located. A recommendation has been made that a copy of the written scheme of examination should be submitted to RQIA with the returned (Quality Improvement Plan) QIP.

Patient and staff views

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

- 'A very safe and professional practice'
- 'Staff are always very professional'
- 'All of the above are true of Moyle Dental Care'
- 'Couldn't criticise in any way'
- 'Excellent facilities'
- 'For someone who is terrified of the dentist, I can now go freely'

One staff member submitted questionnaire response and indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were included in the submitted questionnaire response.

Areas for improvement

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

The IPS audit tool (2013 edition) should be completed six monthly to audit compliance with HTM 01-05.

A copy of the written scheme of examination should be submitted to RQIA with the returned QIP.

The legionella risk assessment and the fire risk assessment should be reviewed in keeping with best practice guidance.

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| Number of requirements | 0 | Number of recommendations | 4 |
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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. Clinical staff confirmed that oral health is actively promoted on an individual basis during treatment sessions by Mr Lynch and the dental nurses.

A range of oral health promotion leaflets were available at reception and the patients' waiting area. A range of oral healthcare products were also available to purchase.

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
- annual patient consultation
- clinical records
- review of complaints/accidents/incidents

Communication

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

- 'A very caring environment'
- 'I have always received good sound care and advice'
- 'The dentist informs me about the treatment he is proposing to carry out'
- 'Care can only be described as first class'
- 'Dentist always takes time to discuss my treatment'

The submitted staff questionnaire response indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. No comments were included in the submitted questionnaire response.

Areas for improvement

No areas for improvement were identified during the inspection.

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

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All of the nine patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- 'Every aspect is carefully explained and carried out in a gentle, caring manner'
- 'I feel comfortable talking about my care when required'
- 'I am in my 60's and can honestly say this is the best dental practice I have attended. The staff couldn't be more helpful and friendly and go to great lengths to make you feel at ease'
- 'All make me feel so at ease, which is no easy task, but I can go now without a dread'

The submitted staff questionnaire response indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this. No comments were included in the submitted questionnaire response.

Areas for improvement

No areas for improvement were identified during the inspection.

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| 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.

There was a 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 a three yearly 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 and available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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

Mr Lynch confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Lynch demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

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

Patient and staff views

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

- 'Staff are bright, friendly and helpful at all times'
- 'More than one late night opening would be beneficial for those who work full time'
- 'Mr Lynch provides a high quality service which pleases me and makes me return for future dentistry work'
- 'Runs like clockwork in a friendly and relaxed manner'
- 'Best dentist I have ever been to'

The submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were included in the submitted questionnaire response.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Fergus Lynch, 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 RQIA's office 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

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| <p>Recommendation 1</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> | <p>The safeguarding children and adults policy should be reviewed and updated to reflect new regional guidance. On completion of the policy review staff training should be provided and arrangements established to ensure that refresher training is provided as outlined in the Minimum Standards for Dental Care and Treatment 2011.</p> |
| <p>To be completed by: 2 March 2017</p> | <p>Response by registered provider detailing the actions taken:</p> <p><i>Policy reviewed and updated. 12/2/17</i></p> <p><i>Staff training provided and made aware of recent changes. 15/2/17</i></p> |

REGULATION AND QUALITY
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| <p>Recommendation 2</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 2 March 2017</p> | <p>The IPS audit tool (2013 edition) should be completed six monthly to audit compliance with HTM 01-05.</p> <p>Response by registered provider detailing the actions taken:</p> <p><i>IPS Audit tool downloaded and installed at reception for six monthly compliance check. 13/2/17</i></p> |
| <p>Recommendation 3</p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2017</p> | <p>A copy of most recent certificate of examination of pressure vessels should be submitted to RQIA with the returned QIP.</p> <p>Response by registered provider detailing the actions taken:</p> <p><i>Inspection of pressure vessels is due this month and Zaid Insua has been instructed to send anyone this week.</i></p> <p><i>A copy of the certificate will be provided immediately on receipt of it.</i></p> |
| <p>Recommendation 4</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p> <p>To be completed by: 2 March 2017</p> | <p>The legionella risk assessment and the fire risk assessment should be reviewed in keeping with best practice guidance.</p> <p>Response by registered provider detailing the actions taken:</p> <p><i>Both policies reviewed, current policy checked and updated where appropriate</i></p> <p><i>- 12/2/17</i></p> <p><i>Inflated water testing - monthly</i></p> |



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