

# Announced Care Inspection Report 24 August 2016



## PV Crooks and Associates

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**21-23 Castle Street**  
**Ballymena**  
**BT43 7BT**  
**Tel No: 028 2565 2931**  
**Inspector: Carmel McKeegan**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of PV Crooks and Associates took place on 24 August 2016 from 10.00 to 13.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the dental service 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 Peter Crooks, Registered Person and staff demonstrated that further development is needed to ensure that systems and processes were in place to ensure that care to patients was 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. Three recommendations were made; one to ensure staff involved in providing conscious sedation undertake appropriate training; one to review the decontamination procedure for dental handpieces and one to ensure the fire risk assessment is reviewed annually.

### Is care effective?

Observations made, review of documentation and discussion with Mr Crooks 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 Crooks 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Crooks, 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 previous QIP there were no further actions required to be taken following the last inspection.

### 2.0 Service details

<b>Registered organisation/ registered provider:</b> Mr Peter Crooks	<b>Registered manager:</b> Mr Peter Crooks
<b>Person in charge of the service at the time of inspection:</b> Mr Peter Crooks	<b>Date manager registered:</b> 8 November 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 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 Crooks, Registered Person, and two dental nurses, one of whom was undertaking reception duties. A tour of the premises was also undertaken.

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

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

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 27 November 2015

The most recent inspection of the establishment 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 27 November 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	It is recommended that Mr Crooks seeks assurance from the Northern Ireland Accident and Incident Centre (NIAIC) that they have received notification from P V Crooks and Associates regarding dental hand pieces, documented confirmation of this should be available for inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation and discussion with Mr Crooks verified that Mr Crooks had written confirmation that NIAIC had received an incident report from Mr Crooks regarding compatibility issues between dental handpieces and the washer disinfectant. Subsequently Mr Crooks received an 'Adverse Incident –Closure Report' from NIAIC via electronic mail on 13 June 2016. A copy of this correspondence was provided to RQIA by electronic mail on 30 August 2016.	

	<p>Mr Crooks confirmed that handpieces were not being processed in the washer disinfectors. Review of the manufacturer's guidance indicated that, for some handpieces, they are not suitable for processing in the washer disinfectors; however the manufacturer's guidance for some of the other handpieces stated that these handpieces were compatible with a washer disinfectors.</p> <p>A recommendation has been made to review the procedure for the decontamination of dental handpieces to ensure that devices marked as suitable for processing in a washer disinfectors are processed using this method.</p> <p>Procedural guidance should be provided for staff to ensure handpieces marked as suitable for processing in a washer disinfectors are processed using this method and the other handpieces are decontaminated in accordance with the relevant manufacturer's instructions.</p> <p>The Adverse Incident Closure Report also stated that Mr Crooks should identify at the procurement stage which decontamination process he intends to work to and only purchase devices and chemicals which the manufacturers state as being compatible. This advice was discussed with Mr Crooks.</p>	
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the recruitment policy is further developed to include the procedure for obtaining enhanced AccessNI checks prior to staff commencing work and state the arrangements for applicants to provide a criminal conviction declaration.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the recruitment policy confirmed that the policy had been further developed to include the procedure for ensuring an AccessNI enhanced disclosure check is sought prior to commencement of employment and the arrangement for the provision of a criminal conviction is obtained for each applicant.</p>	<p><b>Met</b></p>

<b>Recommendation 3</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time	It is recommended that a criminal conviction declaration is obtained for new staff commencing employment and retained in staff personnel files.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Mr Crooks confirmed that no new staff have commenced work in the practice since the previous inspection and provided a copy of the template that will be used for obtaining a criminal conviction declaration from new staff members.	

### 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.

No new staff have been recruited since the previous care inspection, Mr Crooks confirmed that he is in the process of further developing the induction process, advice was offered in this regard to ensure that induction programme templates are developed relevant to specific roles within the practice.

Mr Crooks stated that in previous years an informal approach to staff appraisal had been in place and written records had not been retained pertaining to the staff appraisal process. However Mr Crooks confirmed that a more formal process was being implemented and procedural guidance was being developed to share with staff. Mr Crooks stated the new staff appraisal process would ensure a record of each staff member's appraisal is retained. Staff confirmed they were aware of the new planned formal annual appraisal process and were looking forward to this. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

The practice offers intravenous sedation to patients. It was established that one of the dental nurses recently attended training in this regard however Mr Crooks clarified that not all of the dental nurses involved in this process have an accredited qualification in conscious sedation. Best practice would indicate that any member of the dental team providing treatment under conscious sedation must have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with the Conscious Sedation in the Provision of Dental Care (2003). A recommendation has been made.

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 Crooks 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 copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was available in the practice for staff reference and staff confirmed they had each been provided with an easy read version of this document.

Policies and procedures were in place for the safeguarding and protection of adults and children. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. Mr Crooks confirmed that the practice's policy for safeguarding adults will be updated in keeping with the new regional adults at risk guidance.

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that 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. 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 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. During the inspection it was observed the decontamination room became uncomfortably warm after only a few minutes, and was discussed. Mr Crooks confirmed the ventilation system had recently been serviced and was fully operational. Mr Crooks stated the water distillers could be moved to another room to reduce heat production within this room and confirmed he would continue to monitor this area.

Appropriate equipment, including a washer disinfector and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

Discussion with staff evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05, with the exception of dental handpieces which are manually cleaned prior to sterilisation. As previously discussed a recommendation has been made to review the procedure for the decontamination of dental handpieces to ensure that devices marked as suitable for processing in a washer disinfector are processed using this method. As previously stated the Adverse Incident Closure Report Mr Crooks received from NIAIC stated that Mr Crooks should identify at the procurement stage which decontamination process he intends to work to and only purchase devices and chemicals which the manufacturers state as being compatible. This advice was discussed with Mr Crooks.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. A copy of the most recent IPS audit revealed the 2011 edition was being used, a hard copy of the 2013 edition of the IPS audit tool was provided to Mr Crooks by electronic mail on 26 August 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 and x-ray audits.

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. This included electrical testing, pressure vessel examination, fire detection system, emergency lighting, fire equipment servicing, portable appliance testing and a review of risk assessments.

A legionella risk assessment was available and water temperatures have been monitored and recorded as recommended.

Mr Crooks stated that a fire risk assessment had been undertaken a few years previously and was in need of review, systems were in place to ensure staff know what to do in the event of a fire and regular fire drills had been undertaken. Mr Crooks confirmed that the fire risk assessment will be reviewed and updated accordingly. A recommendation has been made in this regard.

## **Patient and staff views**

Sixteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comments were provided:

- 'I am more than happy with the care I am receiving'
- 'Completely satisfied'

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. The following comment was provided on a completed questionnaire:

- 'Good explanation given'

## Areas for improvement

All members of the dental team providing treatment under conscious sedation should receive appropriate training in the sedation technique being administered.

The procedure for the decontamination of dental handpieces should be reviewed.

A fire risk assessment should be reviewed annually and the outcome shared with staff.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</b>
-------------------------------	----------	-----------------------------------	----------

### 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 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. Mr Crooks and staff confirmed that oral health is actively promoted on an individual basis during treatment sessions by the dentists.

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. In addition a screen displaying oral health promotional videos is provided in the patient waiting area.

## 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
- clinical waste management
- clinical records
- review of complaints/accidents/incidents

## Communication

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

Mr Crooks and staff confirmed that staff meetings are not held as regularly as they used to, discussion with staff confirmed they were kept up to date with internal matters through the use of a communication book. Mr Crooks stated that regular staff meetings will be re-established and staff meeting minutes will be retained. Staff spoken with confirmed that the practice facilitates informal in house training sessions throughout the year.

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

A breaking bad news policy in respect of dentistry was in place.

## Patient and staff views

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

- 'Staff are very polite and well mannered.'

All of the staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

## 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 a regular 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 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was provided:

- 'Any comments I make are listened to and discussed'

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

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

## 4.6 Is the service well led?

### Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Mr Crooks is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on at least 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 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 Crooks 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 Crooks 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 patients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comments were provided:

- 'Very well managed'
- 'We have been with this practice for 30+ years and have always received good care'
- 'Never had any problems with this dentist'
- 'The staff are friendly and very helpful, and this service is good. They are well led obviously by their leader'

All of 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 provided in the submitted questionnaires.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Crooks, 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 the 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 may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [independent.healthcare@rqia.org.uk](mailto: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	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 8.6  <b>Stated:</b> First time  <b>To be completed by:</b> 24 November 2016	The registered person should ensure all members of the dental team providing treatment under conscious sedation should have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with the Conscious Sedation in the Provision of Dental Care (2003).
	<b>Response by registered provider detailing the actions taken:</b> All members of the team, both associates and DCPs have been asked to keep an eye on the NIMDTA course diary to see when the next courses on conscious sedation are being held and to apply for them.
<b>Recommendation 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2016	Review the procedure for the decontamination of dental handpieces to ensure that devices marked as suitable for processing in a washer disinfectant are processed using this method.
	<b>Response by registered provider detailing the actions taken:</b> Staff training will be carried out to ensure that only the hand pieces which can be processed in a Washer Disinfectant will be processed because of the risk of damage to those hand pieces which are not suitable for this processing.

<b>Recommendation 3</b>  <b>Ref:</b> Standard 14.2  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2016	The fire risk assessment should be reviewed annually and any changes notified to staff.
	<b>Response by registered provider detailing the actions taken:</b> The Fire Risk Assessment for Healthcare Premises has been downloaded from the Northern Ireland Fire and Rescue Service website, printed out in its entirety and is being reviewed. Any changes from our current procedures found will be notified to staff as soon as possible.



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
@RQIANews