

Announced Care Inspection Report 23 June 2017



Parks' Dental Surgery Ltd

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

Address: 19 Frances Street, Newtownards BT23 7DW

Tel No: 028 9181 3288

Inspector: Carmel McKeegan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with six registered places providing general dental services with or without sedation.

3.0 Service details

Organisation/Registered Provider: Parks' Dental Surgery Limited Responsible Individual: Mr Michael Park	Registered Manager: Mrs Elizabeth Park
Person in charge at the time of inspection: Mr Michael Park	Date manager registered: 22 December 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 6

4.0 Inspection summary

An announced inspection took place on 23 June 2017 from 11.40 to 14.15.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

Examples of good practice were evidenced in all four domains. These related to staff training and development, patient safety, the environment, the range and quality of audits, health promotion and engagement to enhance the patients' experience.

One area requiring improvement against the regulations was identified to ensure an AccessNI enhanced disclosure has been completed for any new staff member prior to them commencing work in the practice. Two areas for improvement against the standards were identified to ensure that Access NI enhanced disclosure certificates are handled in keeping with the AccessNI code of practice and to ensure all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions

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

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

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

4.2 Action/enforcement taken following the most recent care inspection dated 14 September 2016

No further actions were required to be taken following the most recent inspection on 14 September 2016.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

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

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

During the inspection the inspector met with Mr Michael Park, registered person, a senior dental nurse and a dental nurse. A tour of the premises was also undertaken.

A sample of 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

The findings of the inspection were provided to Mr Park, registered person, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 September 2016

The most recent inspection of the practice was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 14 September 2016

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

Six 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.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of two evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. 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. Mr Park confirmed that all members of the dental team providing treatment under Conscious Sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in The Provision of Dental Care (2003).

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 Park confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. However, it was observed that for one staff member an AccessNI basic disclosure had been obtained and retained which was dated eleven days after the date employment commenced.

The recruitment process was discussed with Mr Park who stated that on completion of the recruitment selection process an AccessNI enhanced disclosure check is requested. Mr Park stated this candidate did provide an AccessNI certificate from a recent previous period of employment in another dental practice; however he insisted that the candidate underwent a new and up-to-date AccessNI disclosure check. This was subsequently issued, however, review of the disclosure check during the inspection identified that it was a basic disclosure check as opposed to an enhanced disclosure check. It was observed that the AccessNI disclosure check for the second staff member had been carried out at the enhanced level and was received prior to the commencement of employment.

Mr Park stated he was not aware that the AccessNI disclosure check had not been completed at the enhanced level. Review of recruitment practice during the two previous inspections indicated that enhanced AccessNI checks had been received prior to the commencement of employment of new staff recruited. Mr Park confirmed that an AccessNI enhanced disclosure check would be completed for the identified staff member and for any future person coming to work in the practice. An area for improvement was made against the regulations to ensure an AccessNI enhanced disclosure check is undertaken and received in respect of any new staff, including self-employed staff, prior to them commencing work in the practice.

Mr Park was advised that AccessNI disclosure certificates should not be retained for longer than is necessary based on the information contained within the certificate, but should not exceed six months in keeping with the AccessNI code of practice. Mr Park was informed that a record should be retained of the dates the check was applied for and received, the unique identification number and the outcome of the assessment of the check. An area of improvement against the standards was made in this regard.

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

Safeguarding

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

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct

referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Following the inspection the following documentation was forwarded to the practice by email:

- 'Adult Safeguarding Operational Procedures' (September 2016)
- Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016)

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. It was also established that all staff involved in conscious sedation had completed advanced training in the management of medical emergencies in relation to the provision of conscious sedation.

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

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during 4 October 2016. As this audit should be undertaken six monthly it was identified that the audit should have been completed in April 2017. Mr Park confirmed it would be completed at the earliest opportunity and a process implemented to ensure this is completed every six months.

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

Radiography

The practice has six 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 surgery 3.

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 on 20 March 2015 and 14 April 2015 demonstrated that the recommendations made have been addressed.

It was unclear if the x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions. Mr Park should review the manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. The arrangements should be confirmed to RQIA in the returned QIP. An area of improvement against the standards has been made in this regard.

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.

Ongoing servicing arrangements had been established for all areas within the practice. Records in relation to maintenance were retained in a systematic and organised manner and as a result of this robust system Mr Park was in a position to access information in a timely fashion.

A legionella risk assessment was last undertaken on 13 June 2017 and water temperature is monitored and recorded as recommended.

A fire risk assessment had been undertaken on 12 September 2016 and staff confirmed fire safety awareness training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels had been established and the last pressure vessel examination was undertaken on 23 May 2017.

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

Patient and staff views

Eleven patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Nine patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Comments provided included the following:

- 'Very safe.'
- 'Have always felt safe and in good hands, never any concerns.'
- 'The business and toilets are spotless. Staff both counter and practice nurses are very pleasant.'

Fifteen staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Thirteen staff indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Staff spoken with during the inspection concurred with this.

Areas of good practice

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

Areas for improvement

An AccessNI enhanced disclosure check should be completed for the identified staff member and the outcome confirmed to RQIA.

AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice.

Mr Park should review the manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Clinical records

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

Mr Park confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. A dental hygienist also works in the practice and oral health appointments are available to patients on a regular basis.

Mr Park confirmed that oral health is actively promoted on an individual level with patients during their consultation and oral health care advice is also provided on the practice website.

A range of oral health promotion leaflets were available at reception and the patients' waiting area. A range of oral healthcare products was 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
- IPS HTM 01-05 compliance
- prescription pad
- emergency medicine and equipment
- clinical records
- review of complaints/accidents/incidents
- stock control
- patient satisfaction

Communication

Mr Park 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 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 11 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Seven patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Comments provided included the following:

- 'Very effective.'
- 'Always had fast, efficient, safe care.'
- 'I have had only one emergency rang in the morning and Dr Park saw me in the afternoon.'

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Fourteen staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity, respect and involvement in decision making

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

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

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

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

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. Seven patients indicated they were very satisfied with this aspect of care and four indicated they were satisfied. Comments provided included the following:

- 'Very compassionate.'
- 'Staff are great. The dentist tells me too much about what is going to happening though.'
- 'There is a comment questionnaire which can be completed following treatment and a container for the form.'

All 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. Thirteen staff indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance arrangements

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

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

Policies and procedures were available for staff reference and staff were aware of the policies and how to access them. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis.

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 evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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 Park and staff 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 Park 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 11 patients who submitted questionnaire responses indicated that they felt that the service is well led. Seven patients indicated they were very satisfied with this aspect of the service and four indicated they were satisfied. Comments provided included the following:

- 'Very well led.'
- 'Happy with all aspects of surgery.'
- 'I have been attending the practice for 49years. When Dr Park took it over I was apprehensive about a new dentist but need not have worried. The practise is extremely well organised (reminder phone calls), efficient and above all friendly.'

All submitted staff questionnaire responses indicated that they felt that the service is well led. Thirteen staff indicated they were very satisfied with this aspect of the service and two indicated they were satisfied. Staff spoken with during the inspection concurred with this. The following comment was provided in a submitted questionnaire response:

- 'Fantastic bosses, Dr E Park and Dr M Park always go above and beyond. Great team.'

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Michael Park, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Independent.Healthcare@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 2, as amended</p> <p>Stated: First time</p> <p>To be completed by: 23 July 2017</p>	<p>The registered person shall ensure that an AccessNI enhanced disclosure check is undertaken and received in respect of any new staff, including self-employed staff, prior to them commencing work in the practice.</p> <p>An AccessNI enhanced disclosure check should be completed for the identified staff member and the outcome confirmed to RQIA on return of the QIP.</p> <p>Ref:6.4</p>
	<p>Response by registered person detailing the actions taken: Policy has been changed and enhanced check applied for.</p>

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)

<p>Area for improvement 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 23 July 2017</p>	<p>The registered person shall ensure AccessNI disclosure certificates are handled in keeping with the AccessNI code of practice, and a record retained of the dates the check was applied for and received, the unique identification number and the outcome.</p> <p>Ref:6.4</p>
	<p>Response by registered person detailing the actions taken: Policy updated</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2017</p>	<p>The registered person should review the manufacturer's instructions for the x-ray equipment and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.</p> <p>Ref:6.4</p>
	<p>Response by registered person detailing the actions taken: H Schein has been contacted and have serviced Xray equipment</p>

**Please ensure this document is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address*



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

Web www.rqia.org.uk

 @RQIANews