Announced Care Inspection Report
21 June 2017

Pauline Taylor Dental Surgery

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 34 High Street, Draperstown, Magherafelt, BT45 7AA
Tel No: 028 7962 7677
Inspector: Stephen O'Connor

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

Pauline Taylor Dental Surgery operates four dental chairs, providing both private and NHS dental care.

3.0 Service details

Organisation/Registered Provider: Pauline Taylor Limited **Responsible Individual:** Mrs Pauline Taylor	**Registered Manager:** Mrs Pauline Taylor

Person in charge at the time of inspection: Mrs Pauline Taylor	**Date manager registered:** 06 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 4

4.0 Inspection summary

An announced inspection took place on 21 June 2017 from 09:55 to 13:05.

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).

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to induction, training, appraisal, safeguarding, management of medical emergencies, infection prevention control, radiology, management of the environment, the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff, maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld, providing the relevant information to allow patients to make informed choices, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

One area of improvement against the regulations and one area of improvement against the minimum standards have been identified. These relate to ensuring that all of the information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff recruited in the future and ensuring that a protein residue test is undertaken in respect of the DAC Universal.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Pauline Taylor, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 12 May 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 May 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 returned QIP from 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 Mrs Pauline Taylor, registered person, two practice managers (one of which is a registered dental nurse), a hygienist and a dental nurse. A tour of some areas of the premises was also undertaken.

A sample of records was 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

Two of the three areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, one area for improvement in regards to periodic tests has been assessed as partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 May 2016

The most recent inspection of the practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 12 May 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 13 **Stated:** Second time	All porous materials in clinical areas should be removed.	**Met**
	Action taken as confirmed during the inspection: Mrs Taylor confirmed that all porous materials have been removed from clinical areas. It was observed that the fabric chairs, window pelmets and net curtains have been removed from surgery one.	
Area for improvement 2 **Ref**: Standard 13 **Stated:** First time	The procedure for undertaking and recording periodic tests in respect of the equipment used during the decontamination process should be reviewed. Periodic tests should be undertaken and recorded in keeping with best practice guidance as outlined in the 2013 edition of Health Technical Memorandum (HTM) 01-05.	**Partially met**
	Action taken as confirmed during the inspection: The practice has produced templates for recording all information in regards to the	

	machines used to decontaminate reusable dental instruments. Review of the templates in respect of the washer disinfector and steam sterilisers identified that all information as outlined in HTM 01-05 had been recorded. However, review of the templates in respect of the DAC Universal evidenced that a weekly protein residue test was not undertaken. A discussion took place in regards to the periodic testing regime for the DAC Universal. Undertaking and recording a weekly protein residue test for the DAC Universal has been identified as an area for improvements against the minimum standards.	
Area for improvement 3 **Ref**: Standard 8.3 **Stated:** First time	Arrangements should be established to ensure that all x-ray equipment is serviced in keeping with the manufacturer's instructions. Records of servicing should be retained.	**Met**
	Action taken as confirmed during the inspection: Review of records confirmed that all x-ray equipment has been serviced and maintained in keeping with best practice guidance. The most recent servicing certificates were dated 3 June 2017.	

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

Four dental surgeries are in operation in this practice. Discussion with Mrs Taylor and 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. A review of a sample of two evidenced that appraisals had been

completed an annual basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. The practice holds weekly training session in house to include all core continuing professional development and practice management issues.

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 Mrs Taylor confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that not all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.

The two staff personnel files were reviewed and the following was noted:

- positive proof of identity for both staff members
- one written reference in respect of both staff members
- confirmation that satisfactory AccessNI enhanced disclosure checks had been received prior to commencement of employment
- occupational health records in respect of one staff member
- employment history in respect of one staff member
- contracts of employment for both staff members
- records of induction for both staff members

Neither staff personnel file reviewed included a criminal conviction declaration by the staff member. A discussion took place in regards to how criminal conviction declaration could be recorded for newly recruited staff.

An area of improvement against the regulations has been made in relation to recruitment and selection practice. This relates to ensuring that all of the information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained. It was suggested that the development of a recruitment checklist may prove beneficial to ensure all relevant documentation is sought and retained.

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 Mrs Taylor as 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 a copy of the adult safeguarding operational procedures dated September 2016) were available for staff reference. Following the inspection the following documentation was forwarded to the practice by email:

- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)

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 facilitated by an external organisation is updated on an annual basis in keeping with best practice guidance. In addition to the annual practical refresher training, the management of medical emergencies is discussed during in house training sessions every three months.

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.

There was a policy for the management of medical emergencies. 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.

It was observed that tiles have been used in the decontamination room to provide a backsplash above the worktops. The use of tiles in clinical areas is not in keeping with best practice guidance and Mrs Taylor was advised to avoid the use of tiles during the next planned refurbishment of the decontamination room.

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. Training records were available for inspection.

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 disinfector, a DAC Universal and four 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 most periodic tests are undertaken and recorded in keeping with HTM 01-05 Decontamination in primary care dental practices. As discussed previously it was identified that a weekly protein residue test in respect of the DAC Universal is not undertaken. The implementation of the test has been identified as an area of improvement against the minimum standards.

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 June 2017.

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

Radiography

The practice has four 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 to include routine servicing of the intruder alarm, fire detection system and firefighting equipment and air conditioning system. Arrangements are also in place for routine inspections of portable appliances, fixed electrical wiring installations and emergency lighting.

The fire risk assessment has been completed by an external organisation. Routine checks are undertaken in respect of the fire detection system. Staff demonstrated that they were aware of the action to take in the event of a fire.

The legionella risk assessment has been completed by an external organisation and water temperatures are monitored and maintained as outlined in the risk assessment.

Arrangements are in place to ensure appropriate risk assessments are reviewed on an annual basis.

Review of documentation evidenced that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels.

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

Ten patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. All 10 patients indicated they were very satisfied with this aspect of care. Comments provided included the following:

- “Protective care at all times. Staff are very friendly and helpful”
- “All aspects of care fully explained prior to procedures”

Fifteen staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. 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. The following comment was included in a questionnaire response:

- “Extensive CPD in-house training is undertaken”

Areas of good practice

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

Areas for improvement

Staff personnel files for any staff who commence work in the future, including self-employed staff, must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 as amended.

A weekly protein residue test should be undertaken in respect of the DAC Universal and results recorded in the machine logbook.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Clinical records

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

Mrs Taylor 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 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. Oral health is actively promoted on an individual level with patients during their consultations and when appropriate patients are referred to the hygienist. A range of resources to include information leaflets, demonstration models and an electronic educational package are available for use during oral hygiene discussions. A range of oral healthcare products are available for purchase and samples of products are freely distributed to patients. The practice has facilitated information sessions in local schools. The practice also has a Facebook page and

website both of which include information on oral health and hygiene. Mrs Taylor confirmed that the practice participates in national campaigns such as national smile month.

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
- environmental risk assessments
- clinical waste management
- completion of medical histories
- clinical records
- monthly decontamination audit (completion of logbooks)
- use of personal protective equipment (PPE)
- legionella

The range of audits undertaken in this practice exceeds best practice and legislative requirements.

Communication

Mrs Taylor and staff 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 routinely 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 10 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All 10 patients indicated they were very satisfied with this aspect of care. The following comment was included in a questionnaire response:

- “All options discussed and reasoning behind decisions explained and discussed”

All 15 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 dated January 2017 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. Suggestion boxes were observed in both waiting areas and at reception.

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

- "Explained how procedure worked, ensured no pain throughout and given information on next step if current procedures didn't work out"
- "As an anxious patient, I always feel I'm put at ease and everything is explained in full, excellent care"

All 15 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. 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 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. Mrs Taylor is the nominated individual with overall responsibility for the day to day management of the practice. Mrs Taylor confirmed that she undertakes clinical duties two days a week and three days a week she focuses on practice management issues.

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

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was 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 2016 to 31 March 2017.

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

Mrs Taylor 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.

The registered provider/manager demonstrated a clear understanding of their 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 10 patients who submitted questionnaire responses indicated that they felt that the service is well led. All 10 patients indicated they were very satisfied with this aspect of the service. The following comment was included in a questionnaire response:

- "Well organised, easy to make an appointment and kept informed when appointment is and when due for review"

All 15 submitted staff questionnaire responses indicated that they felt that the service is well led. Fourteen staff indicated they were very satisfied with this aspect of the service 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 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 Mrs Pauline Taylor, 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 and 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	
Area for improvement 1 **Ref**: Regulation 19 (2) Schedule 2 **Stated:** First time **To be completed by:** **21 June 2017**	The registered person must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff, contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Ref: 6.4
	Response by registered person detailing the actions taken: We have downloaded Regulation 19(2) schedule 2 of The Independent Health Care Regulations. Staff personnel files for all staff who commence work in the future will be created using this guidance.
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 28 June 2017	A weekly protein residue test should be undertaken in respect of the DAC Universal and records retained in the machine logbook. Ref: 6.4
	Response by registered person detailing the actions taken: A weekly protein residue test is now undertaken in respect of the DAC Universal and recorded in the appropriate log book.

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

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