

# Announced Care Inspection Report 5 October 2017



**Robinson & Associates Dental Practice**  
**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 5 Castle Place, Strabane, BT82 8AW**  
**Tel No: 028 7138 2875**  
**Inspector: Mr Stephen O'Connor**

[www.rqia.org.uk](http://www.rqia.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 4 registered places.

### 3.0 Service details

<b>Organisation/Registered Person:</b> Mr Graham Robinson	<b>Registered Manager:</b> Mr Graham Robinson
<b>Person in charge at the time of inspection:</b> Mr Graham Robinson	<b>Date manager registered:</b> 14 May 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

### 4.0 Inspection summary

An announced inspection took place on 5 October 2017 from 09:50 to 12:45.

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.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

An area of improvement against the regulations has been made that arrangements should be established to ensure the fixed electrical wiring installations are inspected. An additional area for improvement against the standards has been made that the safeguarding lead/champion should undertake formal training in safeguarding children and adults at risk of harm.

All of the patients who submitted questionnaire responses indicated that they were either very satisfied or satisfied with the care and services provided.

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
<b>Total number of areas for improvement</b>	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Elaine Lyttle, practice manager, 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 19 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 January 2017.

## 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 Mr Graham Robinson, registered person, Mrs Elaine Lyttle, registered person, an associate dentist, a dental nurse and a receptionist. A tour 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 and decontamination

- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 19 January 2017

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 19 January 2017

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
<b>Area for improvement 1</b> <b>Ref: Standard 15.3</b>	Staff training should be provided in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that safeguarding training had been provided during a staff meeting. In addition to this training a number of staff have completed online safeguarding training.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.2</p>	<p>Address the following issues identified in relation to the environment:</p> <ul style="list-style-type: none"> <li>• repair or replace the cracked glass in the mirrors of the wall mounted cabinets in the identified surgeries</li> <li>• the cause of the damp area on the ceiling in the decontamination room should be investigated and made good</li> </ul>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 13.4</p>	<p>All records in relation to decontamination should be consistently recorded in pen in keeping with HTM 01-05 Decontamination in primary care dental practices.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records evidenced that pre-printed logbooks are used for each machine used to decontaminate reusable dental instruments. Review of the logbooks evidenced that they have been fully completed in pen.</p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13.4</p>	<p>A robust system should be established to ensure that all decontamination equipment will be revalidated in keeping with best practice guidance.</p> <p>A copy of the validation certificates should be submitted to RQIA upon return of this Quality Improvement Plan (QIP).</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records evidenced that all decontamination equipment had been validated during December 2016 and February 2017. Mrs Lyttle confirmed that this equipment will be validated on an annual basis.</p>	

<p><b>Area for improvement 5</b></p> <p>Ref: Standard 13.4</p>	<p>Compliance with Health Technical Memorandum (HTM) 01-05 should be audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool.</p> <p>An action plan should be generated to address any issues identified.</p> <p>Record should be retained.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records evidenced that the IPS audit tool was completed during September 2017. Mrs Lyttle confirmed that the IPS audit will be completed every six months and that an action plan would be developed to address any issues identified.</p>		
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 12.5</p>	<p>Staff should be provided with fire safety awareness training on an annual basis.</p> <p>Fire drills should be undertaken annually.</p> <p>Records should be retained.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records evidenced that a staff member had completed an online fire safety course and used the training materials to cascade the information to staff. Review of records evidenced that a fire drill had been undertaken within the past 12 calendar months and Mrs Lyttle confirmed that a fire drill will be undertaken annually.</p>		
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 8.5</p>	<p>Policies and procedures should be centrally indexed for easy access and reviewed at least on a three yearly basis.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Mrs Lyttle confirmed that the policies and procedures have been collated into two files. Review of files evidenced this. A discussion took place in regards to how to index policies and procedures to include the date of implementation and review.</p>		

## 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 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 one 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.

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 Lyttle confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for the identified staff member evidenced that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

There was a recruitment policy and procedure available.

#### 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 not completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). This has been identified as an area for improvement against the standards.

One overarching policy was in place for the safeguarding and protection of adults and children at risk of harm. 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.

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.

### **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 most emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was confirmed that an automated external defibrillator (AED) is not available in the practice. However, the practice has timely access to two community AED's. 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. The most recent occasion staff completed medical emergency refresher training was during December 2016.

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.

A policy for the management of medical emergencies and protocols outlining the local procedure for dealing with the various medical emergencies were available for staff reference.

### **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. It was observed that surgery three had a tiled splashback and that wall tiles had been used in surgery four as a decorative feature. The use of tiles in clinical areas is not in keeping with best practice guidance. Mrs Lyttle was advised that when these surgeries are being refurbished the use of tiles should be avoided. 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 with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and three 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 during December 2016 and February 2017. 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 September 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.

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. The RPA had prepared separate reports of each intra-oral x-ray machine, review of these reports all dated September 2016 evidenced that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained during December 2016 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 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 the routine servicing and maintenance of the oil fired central heating burner and firefighting equipment. Arrangements are also in place for portable appliance testing (PAT) of electrical equipment on an annual basis. Mr Robinson and Mrs Lyttle confirmed that the fixed electrical wiring installation had not been inspected. This has been identified as an area for improvement against the regulations.

It was confirmed that the fire risk assessment was completed by an external organisation and this is reviewed in house on an annual basis. Fire drills are undertaken annually and fire safety awareness training has been provided during a staff meeting.

It was confirmed that the legionella risk assessment had been completed by an external organisation and this is reviewed on an annual basis. Water temperatures are monitored and recorded.

Review of records confirmed that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination during July 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**

Eighteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Seven patients indicated they were very satisfied with this aspect of care and 11 indicated they were satisfied. No comments were included in submitted questionnaire responses.

Ten staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Seven staff indicated they were very satisfied with this aspect of care and three 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 staff recruitment, induction, training, appraisal, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

### **Areas for improvement**

Arrangements should be established to ensure the fixed electrical wiring installations are inspected in keeping with BS7671.

The safeguarding lead/champion should undertake formal training in safeguarding children and adults at risk of harm.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	1

## 6.5 Is care effective?

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

### Clinical records

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

Mr Robinson 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. Mrs Lyttle confirmed that 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. Staff confirmed that oral health and hygiene is actively promoted on an individual level with patients during their consultations. It was also confirmed that information leaflets and models of teeth and toothbrushes are used during discussion and that samples of toothpaste are freely distributed to patients. Mrs Lyttle confirmed that the practice participates in national campaigns.

### 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
- review of complaints/accidents/incidents

## Communication

Mr Robinson 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 quarterly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

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

## Patient and staff views

All 18 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Eight patients indicated they were very satisfied with this aspect of care and 10 indicated they were satisfied. The following comment was included in a submitted questionnaire response:

- “Dentist always talks me through all options and prices.”

All 10 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. All 10 staff indicated they were very satisfied with this aspect of care. 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
<b>Total number of areas for improvement</b>	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.

### **Patient and staff views**

All 18 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Eight patients indicated they were very satisfied with this aspect of care and 10 indicated they were satisfied. The following comment was included in a submitted questionnaire response:

- “The staff are all lovely and have time for a chat with me. I always feel welcomed.”

All 10 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. All 10 staff indicated they were very satisfied with this aspect of care. 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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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. Mr Robinson 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 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 evidence provided in the returned questionnaire, discussion with Mrs Lyttle and review of records evidenced 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.

Mrs Lyttle 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 Robinson, registered person, 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 18 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 11 indicated they were satisfied. No comments were included in submitted questionnaire responses.

All 10 submitted staff questionnaire responses indicated that they felt that the service is well led. Seven staff indicated they were very satisfied with this aspect of the service and three 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
<b>Total number of areas for improvement</b>	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 Elaine Lyttle, practice manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person 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 via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 25 (2) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 05 December 2017	The registered person must ensure that suitable safety checks are carried out to the fixed electrical wiring installation. Reference should be made to BS7671.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> Safety checks to BS7671 standards will be carried out by a qualified electrician on 25 Nov 2017
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15.3  <b>Stated:</b> First time  <b>To be completed by:</b> 05 December 2017	The safeguarding lead/champion should undertake formal training in safeguarding children and adults. Adult safeguarding training should be in keeping with the Northern Ireland Adult Safeguarding Partnership Training Strategy (revised 2016).  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> Formal training has been booked for Graham Robinson GNUK Safeguarding & Protecting Children & Young People on 30 Nov 2017 Designated Officer Training Adult Safeguarding Champion on 08 Feb 2018 with NIMDTA

*\*Please ensure this document is completed in full and returned via Web Portal\**



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