

Announced Care Inspection Report 19 January 2017



Robinson and Associates Dental Practice

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

Address: 5 Castle Place, Strabane, BT82 8AW

Tel no: 028 7138 2875

Inspector: Norma Munn

1.0 Summary

An announced inspection of Robinson and Associates Dental Practice took place on 19 January 2017 from 11:00 to 14:50.

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

Is care safe?

Observations made, review of documentation and discussion with the practice manager, and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Six recommendations have been made in relation to safeguarding training, infection prevention and control audits, the recording of periodic tests in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices, the validation of decontamination equipment, the environment, and the provision of fire safety awareness training and implementation of fire drills.

Is care effective?

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

Is care compassionate?

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

Is the service well led?

Information gathered during the inspection identified that further development is needed to ensure that effective leadership and governance arrangements are in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. One recommendation has been made in relation to the practices policies and procedures.

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with the 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 16 December 2015.

2.0 Service details

Registered organisation/registered person: Mr Graham Robinson	Registered manager: Mr Graham Robinson
Person in charge of the practice at the time of inspection: Mrs Elaine Lyttle (Practice Manager)	Date manager registered: 14 May 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

3.0 Methods/processes

Mr Graham Robinson, registered person, was not present on the day of the inspection. The inspection was facilitated by the practice manager.

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

During the inspection the inspector met with the practice manager, an associate dentist and two dental nurses. A tour of the premises was also undertaken.

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

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 December 2015

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

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

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11.1 Stated: First time	The recruitment policy should be developed in line with legislative and best practice guidance.	Met
	Action taken as confirmed during the inspection: The recruitment policy has been developed in line with legislative and best practice.	
Recommendation 2 Ref: Standard 11.1 Stated: First time	A criminal conviction declaration should be obtained for new staff commencing employment and retained in staff personnel files.	Met
	Action taken as confirmed during the inspection: A review of the personnel files for two newly recruited staff evidenced that criminal conviction declarations had been obtained.	

<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>All staff who work in the practice, including self-employed staff, should be provided with a contract/agreement.</p> <p>Records of contracts/agreements should be retained in the personnel files of any new staff recruited.</p> <p>Action taken as confirmed during the inspection: Discussion with the practice manager confirmed that all staff have been provided with a contract or agreement.</p> <p>A review of two personnel files evidenced that contracts of employment had been issued for the two newly recruited staff.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The refurbishment plan should be progressed/developed to refurbish surgery one to include the following:</p> <ul style="list-style-type: none"> • flooring should be impervious and easy to clean • flooring should be coved at the edges and sealed where cabinetry meets the flooring • re-upholster the dental chair to provide an intact surface that can be effectively cleaned • re-upholster fabric covered sofas with material easy to clean <p>Action taken as confirmed during the inspection: Observation and discussion with the practice manager confirmed that surgery one had been extensively refurbished to a high standard. A new flooring and cabinetry had been provided, and the chairs and sofas reupholstered in keeping with best practice guidance.</p>	Met

4.3 Is care safe?

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 two evidenced that induction programmes had been completed when new staff joined the practice.

The practice manager confirmed that appraisals had not yet taken place however, appraisals have been scheduled to commence within the next three months. Review of documentation confirmed that procedures and templates had already been put in place for appraising staff performance. 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 the practice manager confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff members 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.

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

Safeguarding

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

Discussion with the practice manager confirmed that not all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. A recommendation has been made.

A safeguarding children and adults policy and procedure was in place. 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 for children only. The Gateway referral number in respect of an adult at risk of harm was added to the policy during the inspection.

The practice manager has agreed to make available regional guidance documents 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) for staff reference. The practice manager has also agreed to review the safeguarding children and adults policy to reflect the new regional guidance.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

Staff discussed the action taken during a recent medical emergency that had occurred in the practice. The medical emergency had been reported to RQIA prior to the inspection. The reporting of the incident is further outlined in point 4.6 of this report. Staff demonstrated during discussion 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. 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. 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. Staff confirmed that two washer disinfectors and three steam sterilisers have been provided. However, one of the washer disinfectors had broken down and was being repaired. Staff confirmed that the practice requires both washer disinfectors to be operational in order to meet the practice requirements. It was confirmed that whilst the majority of reusable dental instruments were being washed in the washer disinfectors, a small number of instruments were either being washed using an ultrasonic bath on loan or were being manually cleaned in keeping with best practice guidance. The practice manager confirmed that this arrangement was a temporary measure until the washer disinfectors had been repaired or replaced.

A review of documentation evidenced that not all the equipment used in the decontamination process has been appropriately validated. The washer disinfectors had recently been validated however; the sterilisers had not been validated since 2015. Review of documentation and discussion with the practice manager confirmed that a date for validation had been arranged prior to the inspection. The validation of the sterilisers has been scheduled for February 2017.

A recommendation has been made to ensure that all decontamination equipment is validated in keeping with best practice. A copy of the validation certificates should be submitted to RQIA.

A review of equipment logbooks evidenced that periodic tests are undertaken and recorded. However, the records in the log books reviewed had been completed in pencil. This was discussed with the dental nurse and a recommendation has been made that all records in relation to decontamination should be consistently recorded in pen in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice has audited compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. However, the records had not been retained. A recommendation has been made that the IPS audit should be completed on a six monthly basis and records retained. An action plan should be generated to address any issues identified.

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.

The practice manager confirmed that the practice recently changed the Radiation Protection Advisor (RPA) and a new radiation protection file has been provided. The file contained the relevant local rules, employer's procedures and other additional information. 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 RPA completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA and discussion with the practice manager demonstrated that the recommendations made had 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. Since the previous inspection one of the surgeries had been extensively refurbished and redecorated to a high standard. This is good to note. The practice manager discussed plans to refurbish other areas of the practice in the future.

Cracked glass was observed in the mirrors of the wall mounted cabinets in two of the surgeries and a damp area was noted on the ceiling in the decontamination room. This was discussed with the practice manager and a recommendation has been made to address these issues identified.

Detailed cleaning schedules and a colour coded cleaning system were in place.

Arrangements were in place for maintaining the environment. This included servicing of the fire detection system, firefighting equipment and portable appliance testing (PAT) of electrical equipment.

A legionella risk assessment had been undertaken and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken. Staff demonstrated that they were aware of the action to take in the event of a fire. However, staff had not been provided with fire safety awareness training and fire drills have not been undertaken. A recommendation has been made in this regard. Records of training and fire drills should be retained.

Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were included in submitted questionnaire responses.

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

Areas for improvement

Staff training should be provided in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Repair or replace the cracked glass in the mirrors of the wall mounted cabinets in the identified surgeries. The cause of the damp area on the ceiling in the decontamination room should be investigated and made good.

All records in relation to decontamination should be consistently recorded in pen in keeping with HTM 01-05 Decontamination in primary care dental practices.

A robust system should be established to ensure that all decontamination equipment will be revalidated in keeping with best practice guidance. A copy of the validation certificates should be submitted to RQIA.

Compliance with HTM 01-05 should be audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool. Records should be retained.

Staff should be provided with fire safety awareness training and fire drills should be undertaken annually.

Number of requirements	0	Number of recommendations	6
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

Clinical records

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

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

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

Policies were available in relation to records management, data protection and confidentiality and consent.

The 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 is actively promoted on an individual level with patients during their consultations. It was confirmed that models of teeth and toothbrushes are used during discussions about oral health and treatment and samples of toothpaste are freely distributed to patients.

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
- review of complaints/accidents/incidents
- patient satisfaction survey

As previously discussed the recording of the IPS audit had not been retained.

Communication

Staff confirmed that arrangements are in place for onward referral in respect of specialist treatments. Template referral letters have been provided.

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 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. No comments were included in submitted questionnaire responses.

All 13 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. Staff spoken with during the inspection concurred with this.

One comment provided included the following:

- “I think that the majority of the time we see to our patients promptly and the standard of care provided is good.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

Dignity, respect and involvement in decision making

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

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensures that patients understand 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 18 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

All 13 submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

Management and governance arrangements

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

Mr Graham Robinson, registered person has overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Staff spoken with were aware of the policies and how to access them. Review of the policy manual confirmed that policies and procedures were dated when issued. It was advised that policies and procedures should be centrally indexed for easy access for staff and reviewed at least on a three yearly basis. A recommendation has been made.

Arrangements were in place to review risk assessments.

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

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. As previously discussed a medical emergency incident had recently occurred in the practice and had been reported to RQIA. Discussion with staff confirmed that the incident had been dealt with effectively and compassionately. The reporting of the incident was discussed with the practice manager as the incident had not been reported in keeping with RQIA specified timeframes. The practice manager has agreed to ensure that all notifiable events in the future are reported to RQIA in accordance with legislation.

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.

The practice manager confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. However, as previously discussed, the IPS audit had not been retained. The IPS audit should be completed and an action plan should be 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.

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 managed. No comments were included in submitted questionnaire responses.

All 13 submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

Policies and procedures should be centrally indexed for easy access and reviewed at least on a three yearly basis.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the practice manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 19 April 2017</p>	<p>Staff training should be provided in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.</p> <p>Response by registered provider detailing the actions taken:</p> <p>REGIONAL GUIDANCE DOCUMENTS FOR SAFEGUARDING ADULTS, CHILDREN + YOUNG PEOPLE HAVE BEEN MADE AVAILABLE FOR STAFF REFERENCE. IN HOUSE TRAINING WILL BE COMPLETED WITHIN TIMEFRAME. SAFEGUARDING POLICIES HAVE BEEN REVIEWED TO REFLECT THE NEW REGIONAL GUIDANCE</p>
<p>Recommendation 2</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p> <p>To be completed by: 19 March 2017</p>	<p>Address the following issues identified in relation to the environment:</p> <ul style="list-style-type: none"> • repair or replace the cracked glass in the mirrors of the wall mounted cabinets in the identified surgeries • the cause of the damp area on the ceiling in the decontamination room should be investigated and made good <p>Response by registered provider detailing the actions taken:</p> <ul style="list-style-type: none"> • THE GLASS IN THE MIRRORS OF THE WALL MOUNTED CABINETS HAS BEEN REPAIRED. • THE DAMP AREA IN THE DECONTAMINATION ROOM CEILING HAS BEEN INVESTIGATED + MADE GOOD.
<p>Recommendation 3</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 19 January 2017</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> <p>Response by registered provider detailing the actions taken:</p> <p>SINCE 19 JANUARY 2017 ALL RECORDS IN RELATION TO DECONTAMINATION ARE RECORDED IN PEN.</p>

<p>Recommendation 4</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 19 February 2017</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>
<p>Recommendation 5</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 19 February 2017</p>	<p>Response by registered provider detailing the actions taken:</p> <p>REVALIDATION OF DECONTAMINATION EQUIPMENT HAS BEEN DIARISED TO BE CARRIED OUT ANNUALLY.</p> <p>A COPY OF THE VALIDATION CERTIFICATES HAS BEEN SUBMITTED TO RQIA AFTER VALIDATION ON 9 FEBRUARY 2017</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>Response by registered provider detailing the actions taken:</p> <p>COMPLIANCE WITH HTM01-05 IS AUDITED ON A SIX MONTHLY BASIS USING THE IPS AUDIT TOOL.</p> <p>RECORD IS KEPT ON COMPUTER AND ALSO ON USB MEMORY STICK. A PAPER COPY IS ALSO KEPT.</p>
<p>Recommendation 6</p> <p>Ref: Standard 12.5</p> <p>Stated: First time</p> <p>To be completed by: 19 March 2017</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>Response by registered provider detailing the actions taken:</p> <p>A FIRE SAFETY AWARENESS COURSE HAS BEEN COMPLETED ONLINE CONTENTS OF WHICH WILL BE DISTRIBUTED TO ALL STAFF, REVISION OF WHICH WILL BE UNDERTAKEN ANNUALLY.</p> <p>FIRE DRILLS WILL BE UNDERTAKEN ANNUALLY + RECORDS RETAINED.</p>

<p>Recommendation 7</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 19 April 2017</p>	<p>Policies and procedures should be centrally indexed for easy access and reviewed at least on a three yearly basis.</p> <p>Response by registered provider detailing the actions taken:</p> <p>POLICIES AND PROCEDURES HAVE BEEN CENTRALLY INDEXED AND WILL BE REVIEWED AT LEAST EVERY THREE YEARS</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

****Please ensure this document is completed in full and returned to
Regulation and Quality Improvement Authority,
9th Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT****



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