

# Announced Care Inspection Report 12 September 2016



## Rosetta Dental Practice

**Type of Service: Independent Hospital (IH) - Dental Treatment**

**Address: 61 Rosetta Road, Belfast BT6 0LR**

**Tel No: 028 9049 1406**

**Inspectors: Stephen O'Connor and Gerry Colgan**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Rosetta Dental Practice took place on 12 September 2016 from 10:00 to 12:10.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the dental 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 Ms Alison Johnston, registered person and staff demonstrated that, in the main, systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Three recommendations have been made, one in relation to the recording of periodic test results of the decontamination processes, one in relation to completing the Infection Prevention Society (IPS) audit tool and one in relation to the servicing of x-ray equipment.

### **Is care effective?**

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

### **Is the service well led?**

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Alison Johnston, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 2.0 Service details

<b>Registered organisation/ registered provider:</b> Ms Alison Johnston	<b>Registered manager:</b> Ms Alison Johnston
<b>Person in charge of the service at the time of inspection:</b> Ms Alison Johnston	<b>Date manager registered:</b> 21 November 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

### 3.0 Methods/processes

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

During the inspection the inspectors met with Ms Johnston, registered person and a dental nurse. 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 19 October 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 19 October 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 19 (2) Schedule 2 <b>Stated:</b> First time	The registered person must ensure that the following issues in relation to enhanced AccessNI checks are addressed: <ul style="list-style-type: none"> <li>• enhanced AccessNI checks must be received prior to any new staff commencing work in the practice; and</li> <li>• a record should be retained of the date the check was applied for, the date the check was received, the unique identification number on the check, and the outcome of the review.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of submitted staffing information evidenced that two staff have commenced work in the practice since the previous care inspection. Review of the personnel files for the identified staff members evidenced that enhanced AccessNI checks had been undertaken and received prior to the staff members commencing work. The review also evidenced that the information within enhanced AccessNI disclosure checks had been appropriately recorded.	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) (d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that 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. In addition proof of identity must be added to the identified files.</p> <p><b>Action taken as confirmed during the inspection:</b> As discussed it was established that two new staff have commenced work in this practice since the previous care inspection. Individual staff personnel files have been established and review of the files evidenced that all records as outlined in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.</p>	<p><b>Met</b></p>
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13 (1)</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the dental chair in surgery one is reupholstered to provide an intact surface that can be easily cleaned.</p> <p><b>Action taken as confirmed during the inspection:</b> It was observed that the seat, back and head rest of the identified dental chair had been replaced. Both dental chairs have intact surfaces that can be easily cleaned.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the expired oropharyngeal airways are replaced and that emergency equipment should be included in the expiry date checklist.</p> <p><b>Action taken as confirmed during the inspection:</b> Oropharyngeal airways in various sizes were available in the practice and expiry dates on emergency equipment have been added to the checklist.</p>	<p><b>Met</b></p>

### 4.3 Is care safe?

#### Staffing

Two dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

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. Ms Johnston confirmed that the practice is in the processing of implementing new appraisal documentation.

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. Ms Johnston confirmed that the practice encourages all dental nurses to attend core continuing professional development (CPD) days provided by the Northern Ireland Medical and Dental Training Agency (NIMDTA). The practice covers the associated fees and facilitates time off to attend.

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

As discussed review of the submitted staffing information and discussion with Ms Johnston confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.

It was confirmed that there was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

#### Safeguarding

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

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011 during a practice meeting. In addition staff have attended NIMDTA core days which includes refresher training in regards to safeguarding. A copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was available for staff reference. A copy of the new regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 was forwarded to the practice by electronic mail following the inspection.

Two separate 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.

### **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

### **Infection prevention control and decontamination procedures**

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. It was observed that the walls and ceilings in the dental surgeries are wallpapered with embossed wallpaper that has been painted. Ms Johnston was advised that when refurbishing the dental surgeries the use of wallpaper 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. 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 and two steam sterilisers have been provided to meet the practice requirements. A dental nurse confirmed that only one of the steam sterilisers is in routine use. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.

Discussion with staff evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05. It was confirmed that all dental handpieces are manually cleaned prior to sterilisation. A random sample of handpieces reviewed evidenced that they were not compatible with the washer disinfectant. Ms Johnston was advised that if new handpieces are purchased which are compatible then they must be processed using the washer disinfectant.

A review of equipment logbooks evidenced that in the main periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. Review of the logbooks evidenced that all details of the daily automatic control tests (ACT) are not recorded. This was discussed with Ms Johnston and staff and a recommendation has been made to address this.

Mrs Johnston confirmed that the Infection Prevention Society (IPS) audit tool to assess compliance with HTM 01-05 had not been completed during 2016. This audit should be completed every six months in keeping with HTM 01-05 and a recommendation has been made to address this.

It was confirmed that a range of policies and procedures were in place in relation to decontamination and infection prevention and control.

## **Radiography**

The practice has two surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, when applicable and x-ray audits.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

It was confirmed that the most recent occasion the x-ray equipment had been serviced was during October 2012. Ms Johnston confirmed that she was of the view that the x-ray machines should be serviced every three years. A recommendation has been made in this regard.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

## **Environment**

The environment was maintained to a good standard of maintenance and décor.



Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment to include annual servicing of the intruder alarm and firefighting equipment. Ms Johnston confirmed that portable appliance testing (PAT) of electrical equipment is undertaken every three years and that the fixed wiring installation is inspected every three years.

Ms Johnston confirmed that the legionella risk assessment was completed by an external company and that arrangements are in place to ensure this is reviewed annually. Water temperatures are monitored and recorded as recommended.

Ms Johnston confirmed that a fire risk assessment was completed by an external company and that arrangements are in place to ensure this is reviewed annually. Staff confirmed that fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

Review of records evidenced that the pressure vessels have been inspected in keeping with the written scheme of examination of pressure vessels on 15 February 2016.

### **Patient and staff views**

Eight patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- “Absolutely a caring and safe environment”
- “Couldn’t be better”
- “Everything is very clean, staff act in patients best interest”

Six staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. No comments were included in submitted questionnaire responses.

### **Areas for improvement**

All details of the daily ACT should be recorded in the steriliser logbooks.

The IPS audit should be completed every six months.

Review the manufacturer’s instruction for the intra-oral x-ray machines and establish the servicing arrangements of the machines. Any recommendations made in the manufacturer’s instructions should be actioned.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</b>
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## 4.4 Is care effective?

### Clinical records

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

Ms Johnston 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.

Manual records are maintained. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

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

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

### Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Ms Johnston confirmed that oral health is actively promoted on an individual level with patients during their consultations. A hygienist is available in the practice and it was confirmed that if appropriate patients are referred to the hygienist. A range of oral health and hygiene information leaflets and booklets were available in the waiting area of the practice. A range of aids are used when discussing oral health and hygiene. It was also confirmed that an associate dentist has presented oral health awareness sessions in local schools.

### 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
- annual health and safety risk assessment

As discussed previously a recommendation has been made that the IPS HTM 01-05 compliance audit should be completed every six months in keeping with best practice guidance.

**Communication**

Ms Johnston 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 on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

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

**Patient and staff views**

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

- “Always given sound advice, yet allowed to make own mind up”

All six 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. No comments were included in submitted questionnaire responses.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is care compassionate?**

**Dignity, respect and involvement in decision making**

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

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

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

The practice undertakes patient satisfaction surveys on 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 eight patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- "Consistent in quality advice/options etc"
- "XXXX is a wonderful dentist and informs me of all she is doing. Very helpful and compassionate when I was suffering desperately with an abscess – fitted me in without appointment. Lovely girl too"
- "XXXX is a very caring and compassionate dentist. She is very kind and friendly"

All six 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. No comments were included in submitted questionnaire responses.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## **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.

There was a 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 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 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. 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.

Ms Johnston 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.

Ms Johnston demonstrated a clear understanding of her 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 eight patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- “all staff members work together as a team”
- “Receptionist/dental nurse Claire is always very pleasant helpful and efficient”
- ”XXXX runs an excellent service – makes effort to know patients name”

All six submitted staff questionnaire responses indicated that they felt that the service is well led. No comments were included in submitted questionnaire responses.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**5.0 Quality improvement plan**

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Alison Johnston, registered person, as part of the inspection process. The timescales commence from the date of inspection.

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

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

### **5.1 Statutory requirements**

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

### **5.2 Recommendations**

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

### **5.3 Actions taken by the Registered Provider**

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to 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.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 September 2016</p>	<p>All details of the daily automatic control test (ACT) in respect of the steam sterilisers should be recorded in the pre-printed machine logbooks in keeping with HTM 01-05.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Completed immediately following visit.</i></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 November 2016</p>	<p>The Infection Prevention Society (IPS) audit tool should be completed every six months in keeping with HTM 01-05.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Tool being used + currently working through sections to be completed by 12-11-16</i></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 14.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 November 2016</p>	<p>Review the manufacturer's instruction for the intra-oral x-ray machines and establish servicing arrangements. Any recommendations made in the manufacturer's instructions and as a result of the servicing should be actioned.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Service booked for <del>February</del><sup>January</sup> 2017</i></p>

<b>Name of registered manager/person completing QIP</b>	ALISON JOHNSTON		
<b>Signature of registered manager/person completing QIP</b>	<i>Alison Johnston</i>	<b>Date completed</b>	14.10.16
<b>Name of registered provider approving QIP</b>			
<b>Signature of registered provider approving QIP</b>	<i>Alison Johnston</i>	<b>Date approved</b>	14.10.16
<b>Name of RQIA inspector assessing response</b>			
<b>Signature of RQIA inspector assessing response</b>		<b>Date approved</b>	

*\*Please ensure this document is completed in full and returned to RQIA's Office*





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