Announced Care Inspection Report
05 March 2018

Shankill Dental Care

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 244 Shankill Road, Belfast, BT13 2BL
Tel no: 028 9033 1298
Inspectors: Emily Campbell and Jean Gilmore

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 four registered places, providing NHS and private dental care and treatment.

3.0 Service details

Organisation/Registered Providers: Ms Lynn Browne Ms Anne McIlhagger	**Registered Manager:** Ms Lynn Browne
Person in charge at the time of inspection: Ms Lynn Browne Ms Anne McIlhagger	**Date manager registered:** 08 November 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 4

4.0 Inspection summary

An announced inspection took place on 05 March 2018 from 10:00 to 12:55.

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, recruitment, safeguarding, the management of medical emergencies, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

One area for improvement against the regulations was made in relation to validation of the ultrasonic cleaner. Two areas for improvement against the standards were made in relation to staff appraisal and infection prevention and control and decontamination

Patients who submitted questionnaire responses indicated a high level of satisfaction with the 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
Total number of areas for improvement	1	2

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 27 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 March 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 prior to the inspection by the establishment on behalf of RQIA. Returned completed patient questionnaires were also analysed prior to the inspection. Staff were invited to complete questionnaires electronically; no staff responses were received by RQIA.

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

During the inspection the inspectors met with Ms Lynn Browne and Ms Anne McIlhagger, registered persons, an associate dentist, two dental nurses and a receptionist. A tour of the premises was also undertaken. Ms Browne facilitated the inspection.

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 Ms Browne at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 March 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 27 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area of improvement 1 **Ref:** Regulation 19 (2) (d) Schedule 2, as amended **Stated:** Second time	The registered persons must ensure that all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 is retained within staff personnel files for all newly recruited staff.	**Met**
	Action taken as confirmed during the inspection: Three new staff have been recruited since the previous inspection. Review of the personnel files of these staff confirmed that all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 had been obtained.	

Area of improvement 2 **Ref:** Regulation 15(2) **Stated:** First time	The registered persons must ensure that all equipment used in the decontamination process is validated on an annual basis. On completion a copy of the validation certificates should be submitted to RQIA with the returned Quality Improvement Plan(QIP).	**Met**
	Action taken as confirmed during the inspection: Equipment validation certificates were submitted to RQIA following the previous inspection. Review of documentation evidenced that validation of decontamination equipment was in date and discussion with Ms Browne confirmed that arrangements had been established to ensure annual validation in the future. However, following a recent fault in the washer disinfector, an ultrasonic cleaner had been brought back into service without current validation being in place. This is discussed further in section 6.4 of the report and an area for improvement against the regulations was made.	
Area of improvement 3 **Ref:** Regulation 15 (1) (b) **Stated:** First time	The registered person must ensure that the radiation protection file is reviewed. The radiation protection file should include: • a copy of the most recent RPA report(s) and confirmation that any recommendations made within the report(s) have been addressed • the local rules signed by all appropriate staff to confirm they have read and understood them • a record of staff entitlements • audits of x-ray quality grading (to be completed every six months) • audits of justification and clinical evaluation recording (to be completed annually) • records pertaining to the servicing and maintenance of radiology equipment	**Met**

	Action taken as confirmed during the inspection: Review of documentation evidenced that this area for improvement had been addressed. The radiation protection advisor (RPA) completed a three year quality assurance check on 8 January 2018 and review of the RPA report evidenced that the practice are actively addressing the recommendations made.	
Area of improvement 4 **Ref:** Regulation 25 (4) (d) (e) (f) **Stated:** First time	The registered persons must ensure that the fire risk assessment is reviewed by a competent person and any issues identified addressed within timescales acceptable to the risk assessor. This should include the following: • the procedure to be taken in the event of a fire • the provision and servicing of fire-fighting equipment • the provision of fire awareness training for all staff annually • the frequency of fire drills	**Met**
	Action taken as confirmed during the inspection: Review of documentation and discussion with staff evidenced that this area for improvement has been addressed.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area of improvement 1 **Ref:** Standard 11.4 **Stated:** First time	Records of staff training are to be retained and available for inspection.	**Met**
	Action taken as confirmed during the inspection: A spreadsheet has been developed to provide an overview of all staff training and training records were available for inspection.	
Area of improvement 2 **Ref:** Standard 15.3 **Stated:** First time	Ensure that all staff receive safeguarding adults at risk of harm and safeguarding children training as outlined in the Minimum Standards for Dental Care and Treatment (2011). The new regional guidance 'Adult	**Met**

	Safeguarding Prevention and Protection in Partnership' (July 2015) should be included.	
	Action taken as confirmed during the inspection: Review of documentation and discussion with staff evidenced that this area for improvement has been addressed.	
Area of improvement 3 **Ref:** Standard 8.3 **Stated:** First time	Ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.	**Met**
	Action taken as confirmed during the inspection: Review of documentation evidenced that x-ray equipment was serviced in April 2017.	
Area of improvement 4 **Ref:** Standard 8 **Stated:** First time	Review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.	**Met**
	Action taken as confirmed during the inspection: Discussion with Ms Browne and review of documentation evidenced that robust monitoring systems have been introduced to ensure effective quality assurance and governance arrangements.	

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 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. However, review of appraisal records evidenced that appraisal has not been provided since 2016. An area for improvement against the standards was made that staff appraisal should be provided on an annual basis. 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 Ms Browne confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

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

Safeguarding

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

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

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

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

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.

A policy for the management of medical emergencies was in place and it was suggested that this was further developed to include incident documentation and staff debriefing. A revised policy was emailed to RQIA on 8 March 2018, which included these details. 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. The cleaning store was cluttered and untidy and mop heads needed to be replaced; Ms Browne readily agreed to address this. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector, a DAC Universal and two steam sterilisers, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. As discussed previously, the washer disinfector is currently out of order and dental instruments are being manually cleaned, including processing through an ultrasonic cleaner. However, the ultrasonic cleaner has not been validated and an area for improvement against the regulations was made in this regard.

A review of equipment logbooks evidenced that periodic tests are undertaken in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. A pre-printed steriliser logbook is used to record the periodic tests for the DAC Universal and a manual entry is entered on the weekly test sheet of the washer disinfector tests which are also carried out on the DAC Universal, however, there is only one entry per week in this regard. Discussion with staff confirmed that the daily tests are being carried out. It was agreed that the DAC Universal logbook would be further developed to facilitate a daily entry in this respect.

In general, staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. The following issues were identified:

- Some sharps boxes were not signed and dated on assembly and apertures were not closed.
- Staff were unclear regarding the dilution rate of the instrument cleaning solution or the required water temperature for the manual cleaning of instruments.

An area for improvement against the standards was made in this regard.

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 with responsibility for infection control and decontamination.

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 January 2018.

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. There is an orthopan tomogram machine (OPG), which is located in a separate room, however this has been decommissioned.

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 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 staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completed the three year quality assurance check on 8 January and review of documentation and discussion with Ms Browne and Ms McIlhagger confirmed that the recommendations made are actively being addressed. Documentary evidenced that appropriate staff had signed to confirm that they had read and understood the most recent local rules was emailed to RQIA on 8 March 2018.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

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

Environment

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

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

Arrangements are in place for maintaining the environment. This included servicing of fire safety equipment and review of the fire and legionella risk assessments.

Staff demonstrated that they were aware of the action to take in the event of a fire and confirmed that fire training and fire drills had been completed. The record of fire drills did not

include the names of staff involved in the evacuation. A revised fire drill recording template was emailed to RQIA on 8 March 2018 which facilities this.

Pressure vessels were inspected under the written scheme of examination of pressure vessels in December 2017.

Relative anaesthesia (RA) is provided in this practice, however, there was no servicing arrangement in place for the RA unit. Ms Browne confirmed by email on 8 March 2018 that the RA sedation head had been sent for servicing.

Patient and staff views

Eleven patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

No staff submitted questionnaire responses, however staff spoken with indicated that they felt that patients are safe and protected from harm.

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, safeguarding, management of medical emergencies, radiology and the environment.

Areas for improvement

Staff appraisal should be provided on an annual basis.

The ultrasonic cleaner should be validated.

Sharps boxes should be signed and dated on assembly and apertures closed when not in use. Staff should be made aware of the dilution rate of the instrument cleaning solution and the required water temperature for the manual cleaning of instruments.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Clinical records

Staff 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. Oral health is actively promoted on an individual level with patients during their consultations. A range of health promotion information leaflets are displayed throughout the practice. Models and computer programmes are used for demonstration and information purposes.

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
- Patient satisfaction
- review of complaints/accidents/incidents

Communication

It was confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff confirmed that staff meetings are held on a monthly basis to discuss clinical and practice management issues. However, minutes of meetings were not retained. Ms Browne provided assurance that staff meetings would be minuted in the future and provided a template for the recording of these to RQIA on 8 March 2018. 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 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

No staff submitted questionnaire responses, however staff spoken with indicated that they felt that patients get the right care, at the right time and with the best outcome for them.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity, respect and involvement in decision making

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

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

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

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

Patient and staff views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was provided in a questionnaire response:

- "Excellent and friendly staff."

No staff submitted questionnaire responses, however staff spoken with indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance arrangements

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

Ms Browne 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 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 2016 to 31 March 2017.

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

Ms Browne 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 Browne and Ms McIlhagger demonstrated a clear understanding of their roles 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.

Mr Stephen Bailie, registered person, notified RQIA that he had retired from the practice in September 2017. A revised RQIA certificate of registration was subsequently provided identifying Ms Browne and Ms McIlhagger as the registered persons and this was observed to be up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All patients who submitted questionnaire responses indicated that they felt that the service is well led.

No staff submitted questionnaire responses, however staff spoken with indicated that they felt that the service is well led.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Lynn Browne, registered person, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 15 (2) **Stated:** First time **To be completed by:** 16 April 2018	The registered person shall ensure that the ultrasonic cleaner is validated. Ref: 6.4
	Response by registered person detailing the actions taken: This was validated by Henry Schein 10/04/2018
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 5 June 2018	The registered person shall ensure that staff appraisal is provided on an annual basis. Ref: 6.4
	Response by registered person detailing the actions taken: Appraisals have started and we are approx 2/3rds through, they will be completed by June 5th

Area for improvement 2 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 6 March 2018	The registered person shall ensure that: • sharps boxes are signed and dated on assembly and apertures closed when not in use • staff are aware of the dilution rate of the instrument cleaning solution and the required water temperature for the manual cleaning of instruments Ref: 6.4
	Response by registered person detailing the actions taken: Staff training took place immediately after the inspections and both labeling of sharps boxes and the dilution rate of cleaning solution were raised with staff. I am happy this is being followed.

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