

# Announced Care Inspection Report

## 18 May 2016



## Stewarts Dental Practice

Service Type: Dental Practice

Address: 5 Suffolk Parade, Belfast BT11 9JR

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Inspector: Stephen O'Connor

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Stewarts Dental Practice took place on 18 May 2016 from 09:50 to 12:05.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service 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 Mr Stewart, registered person, and staff demonstrated that a number of issues need to be addressed 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. One requirement has been made in relation to the retention of recruitment documentation. Three recommendations have been made in relation to staff appraisal, completing the Infection Prevention Society (IPS) HTM 01-05 compliance audit and the arrangements for servicing and maintaining x-ray equipment. A recommendation made during the previous inspection in relation to recording the details of the daily automatic control tests (ACT) for the steriliser has been stated for a second time.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr Stewart, registered person and staff demonstrated that, in the main 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. A recommendation has been made to establish regular staff meetings.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Mr Stewart, registered person and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. A recommendation has been made in relation to patient satisfaction surveys.

## Is the service well led?

Information gathered during the inspection identified that a number of issues need to be addressed to ensure that effective leadership and governance arrangements are in place to create 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 and insurance arrangements. As discussed above a number of issues were identified within the domains of is care safe, is care effective and is care compassionate, which relate to quality assurance and good governance. In addition one recommendation made during the previous inspection had not been addressed. The requirement and recommendations made during this inspection must be actioned to ensure improvements are made. It is also important that these are kept under review to ensure improvements are sustained.

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>	1	6

Details of the QIP within this report were discussed with Mr John Stewart, 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 person:</b> Mr John Stewart	<b>Registered manager:</b> Mr John Stewart
<b>Person in charge of the service at the time of inspection:</b> Mr John Stewart	<b>Date manager registered:</b> 26 August 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 and complaints declaration.

During the inspection the inspector met with Mr John Stewart, registered person, a dental nurse who primarily covers reception 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 06 July 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 06 July 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	It is recommended that the wallpaper in the decontamination room is removed / cladded over to provide an impervious surface that can be easily cleaned.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was observed that the walls in the decontamination room have been cladded using PVC sheeting that can be easily cleaned.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	It is recommended that the results of periodic tests are recorded in the steam steriliser logbook in keeping with best practice guidance as outlined in HTM 01-05. This should include the details of the daily automatic control test (ACT).	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was established that a pre-printed logbook is used to record the results of periodic test. Review of the logbook from 15 October 2015 until the day of inspection demonstrated that the details of the daily ACT had not been recorded. This was discussed with Mr Stewart who confirmed that the details of the ACT are recorded on a data logger fitted to the steriliser and that he thought this was sufficient. Mr Stewart also confirmed that the information recorded on the data logged is uploaded to the practice computer system every few months. It was advised that the information recorded on the data logged should be uploaded to the practice computer system on a more regular basis. This recommendation has not been addressed and has been stated for the second time.	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that advice and guidance is sought from the medico-legal advisor in regards to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be actioned.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was established that an AED has recently been purchased and medical emergency refresher training to include the operation of an AED has been scheduled.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that a review of the Resuscitation Council (UK) Minimum equipment list for cardiopulmonary resuscitation - primary dental care is undertaken to ensure that the practice has clear face masks suitable for children and oropharyngeal airways in the different sizes.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of medical emergency equipment demonstrated that all equipment as recommended in the Resuscitation Council (UK) guidance is available in the practice.</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 one evidenced that induction programmes had been completed when new staff joined the practice.

Mr Stewart and staff confirmed that no arrangements are in place for appraising staff performance on an annual basis. A recommendation was made that a system should be implemented for appraising staff performance at least on an annual basis.

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 Mr Stewart confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. The following was noted:

- evidence that an enhanced AccessNI check had been undertaken prior to commencing employment
- two written references
- documentary evidence of qualifications
- evidence of current GDC registration

The following evidence was not available in the personnel file reviewed:

- positive proof of identity, including a recent photograph
- details of full employment history, including an explanation of any gaps in employment
- confirmation that the person is physically and mentally fit to fulfil their duties
- criminal conviction declaration

Mr Stewart was advised that staff personnel files must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 and a requirement has been made in this regard.

## 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.

It was established that one overarching safeguarding policy which includes the arrangements for safeguarding and protection of adults and children is 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. It was observed that the format of buccal Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). Mr Stewart was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB. 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.

It was confirmed that a policy for the management of medical emergencies and protocols outlining the local procedure for dealing with the various medical emergencies were available.

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

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

There was a nominated lead 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 disinfectant and a steam steriliser have 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 a review of equipment logbooks evidenced that details of the daily ACT are not recorded in respect of the steam steriliser in keeping with best practice guidance as outlined in Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices. A recommendation stated for the second time has been made in this regard.

It was confirmed that the practice has not audited compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool within the previous six months. A recommendation was made that compliance with HTM 01-05 should be audited on a six monthly basis using the IPS audit tool. Following the inspection a copy of the IPS audit tool was forwarded to the practice.

A range of policies and procedures in relation to decontamination and infection prevention and control were available for staff reference.

### **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 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.

Review of documentation demonstrated that the most recent occasion the x-ray equipment had been serviced was during June 2014. This was discussed with Mr Stewart who was unclear about the frequency of servicing. A recommendation was made to review the manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.

## **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 portable appliance testing (PAT) and servicing of the oil burner.

A legionella risk assessment was undertaken during July 2012 and this has been reviewed annually. Review of records and discussions demonstrated that legionella control measures have been implemented to include routine monitoring of water temperatures, routine testing using dipslides in respect of Dental Unit Water Lines (DUWLs) and water quality monitoring by an external organisation.

A fire risk assessment had been undertaken and staff confirmed 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.

## **Patient and staff views**

Mr Stewart was informed that no completed staff and patient questionnaires had been submitted to RQIA prior to the inspection. Mr Stewart confirmed that he decided to leave the patient questionnaires in the patient waiting room and that all questionnaires had been taken by patients. Staff confirmed that patient questionnaires had been left in the patient waiting room and that the staff questionnaires had been distributed to them.

All staff spoken to during the inspection indicated that they felt patients are safe and protected from harm.

## Areas for improvement

A system should be implemented for appraising staff performance at least on an annual basis.

Staff personnel files should include all documents as listed in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

The details of the daily ACT should be recorded in the steam steriliser logbook.

Compliance with HTM 01-05 should be audited on a six monthly basis using the IPS audit tool.

All x-ray equipment should be serviced and maintained in keeping with the manufacturer's instructions.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>4</b>
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### 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 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.

It was confirmed that policies were available in relation to records management, data protection and confidentiality and consent.

Review of documentation demonstrated that the practice is registered with the Information Commissioner's Office (ICO). Mr Stewart confirmed that a Freedom of Information Publication Scheme had not been established. Following the inspection a model Freedom of Information Publication Scheme was forwarded to the practice. On 19 May 2016 RQIA received an email from Mr Stewart to confirm that a Freedom of Information Publication Scheme had been developed and implemented.

## Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Posters promoting oral health and hygiene were observed to be on display. Mr Stewart confirmed that oral health is actively promoted on an individual level with patients during their consultations and that samples of toothpaste and mouth wash are given to patients. It was also confirmed that models are used for demonstration purposes when promoting oral health and hygiene.

## Audits

Mr Stewart confirmed that only routine radiology audits are undertaken. It was suggested that consideration is given to further developing the audit programme to include:

- clinical waste management
- clinical record recording
- review of complaints/accidents/incidents

As discussed previously a recommendation was made that compliance with HTM 01-05 should be audited on a six monthly basis using the IPS audit tool.

## Communication

Mr Stewart confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Mr Stewart also confirmed that formal staff meetings are not held. A recommendation was made that formal staff meetings should be held on a regular basis and minutes retained.

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

## Patient and staff views

As discussed previously no patient or staff questionnaires were submitted to RQIA prior to the inspection. Staff spoken to during the inspection indicated that they felt patients get the right care, at the right time and with the best outcome for them.

## Areas for improvement

Staff meetings should be established and held on a regular basis with minutes retained.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</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 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 to ensure they understood what treatment was available in order that they could make an informed choice. Discussion with staff demonstrated how consent would be obtained.

Review of documentation and discussion with staff demonstrated that the most recent occasion patient satisfaction surveys were undertaken was during July 2014. The report detailing the main findings of the submitted surveys was reviewed during the inspection. Mr Stewart was informed that patient satisfaction surveys in regards to the standard and quality of care should be undertaken annually. A recommendation has been made in this regard.

### Patient and staff views

As discussed previously no patient or staff questionnaires were submitted to RQIA prior to the inspection. Staff spoken to during the inspection indicated that they felt patients are treated with dignity and respect and are involved in decision making affecting their care.

### Areas for improvement

Patient satisfaction surveys should be undertaken on an annual basis and a report detailing the findings of the surveys should be generated and made available for patients.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</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 displayed in the practice. Staff demonstrated a good awareness of complaints management. 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.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

The registered person demonstrated a clear understanding of their role and responsibility in accordance with legislation. 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.

Evidence gathered during the inspection has identified a number of issues which could affect the delivery of safe, effective and compassionate care, all of which have an impact on quality assurance and good governance. In total one requirement and six recommendations have been made in order to ensure improvements are made. It is important these are kept under review to ensure improvements are made and sustained.

### **Patient and staff views**

As discussed previously no patient or staff questionnaires were submitted to RQIA prior to the inspection. Staff spoken to during the inspection indicated that they felt the service is well led.

### **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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr John Stewart, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person 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 person 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 your premises. 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 person 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 the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 18 may 2016</p>	<p>The registered person must ensure that staff personnel files for any newly recruited staff includes all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Personnel files are now updated to include all information specified in schedule 2</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 13</p> <p>Stated: Second time</p> <p>To be completed by: 18 May 2016</p>	<p>It is recommended that the results of periodic tests are recorded in the steam steriliser logbook in keeping with best practice guidance as outlined in HTM 01-05. This should include the details of the daily automatic control test (ACT).</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Results have now been transferred from data logger to steriliser log book and a system is in place to update records on a fortnightly basis.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2016</p>	<p>The registered person should implement a system for appraising staff performance at least on an annual basis.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A system is now in place to do staff appraisals on an annual basis</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 19 July 2016</p>	<p>The registered person should audit compliance with HTM 01-05 on a six monthly basis using the 2013 IPS audit tool.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The audit has been reintroduced to the practice and will continue to be done on a six monthly basis</p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 July 2016</p>	<p>The registered person should review the manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> In addition to 6 monthly audits for image quality and 3 yearly radiation safety checks, qualified engineers will ensure that all xray equipment is serviced and maintained on an annual basis.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 11.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 July 2016</p>	<p>The registered person should establish regular staff meetings. Minutes of staff meetings should be retained and shared with staff members unable to attend the meeting.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staff meetings are now held on a more formal basis and minuted.</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 9.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 July 2016</p>	<p>The registered person should ensure that a patient satisfaction survey in regards to the standard and quality of care is undertaken annually. The results of the patient consultation should be collated to provide a summary report which should be made available to patients and other interested parties.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A system is now in place to ensure patient satisfaction surveys are carried out annually and the results will be made available on request.</p>

*\*Please ensure this document is completed in full and returned to independent.healthcare.@rqia.org.uk from the authorised email address\**





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