

Announced Care Inspection Report 24 August 2016



Cushendall Dental Surgery

Type of Service: Independent Hospital (IH) - Dental Treatment
**Address: c/o Glens Of Antrim Medical Centre, 2 Gortaclee Road,
Cushendall, BT44 0TE**
Tel No: 028 2177 1242
Inspector: Norma Munn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Cushendall Dental Surgery took place on 24 August 2016 from 10.00 to 12.45.

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 Mr Killough, registered person, and staff demonstrated that, with the exception of the process around the recruitment and selection of staff, 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.

During the inspection a number of records pertaining to recruitment and selection were not available for review. Mr Killough provided RQIA with additional information relating to staff recruitment following the inspection.

The information provided to RQIA by Mr Killough both during and following the inspection identified some gaps in relation to the process around recruitment and selection of staff. Some of the information required to be obtained prior to commencement of employment had not been obtained in relation to one identified staff member. A recommendation has been made to ensure that, when recruiting new staff, all information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 is obtained prior to commencement of employment.

An AccessNI enhanced disclosure check had not been obtained for the identified staff member prior to commencement of employment. RQIA were concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been compromised.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice.

A meeting was held on 07 September 2016 at the offices of RQIA. As a result a failure to comply notice was issued. The failure to comply notice relates to staff recruitment practices. The date by which compliance must be achieved is 10 November 2016.

Is care effective?

Observations made, review of documentation and discussion with Mr Killough 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 Mr Killough 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?

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 person's understanding of their role and responsibility in accordance with legislation.

Information gathered during the inspection evidenced some deficits in regards to the management of recruitment and selection of staff. Mr Killough had not obtained all of the required information as outlined in Regulation 19, Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, prior to commencement of employment.

As discussed previously some records in relation to staff recruitment and selection were not available for inspection. A recommendation has been made to address this.

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

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

Enforcement action resulted from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/ registered provider: Mr Seamus Killough	Registered manager: Mr Seamus Killough
Person in charge of the service at the time of inspection: Mr Seamus Killough	Date manager registered: 9 April 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

3.0 Methods/processes

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

During the inspection the inspector met with Mr Killough, registered person, an associate dentist, a dentist undergoing dental foundation training (DF1), two dental nurses and a receptionist. 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 4 August 2015

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 4 August 2015

As above.

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.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

During the announced inspection on 4 August 2015, when recruitment and selection of staff was a theme, it was identified that no new members of staff had been recruited since registration with RQIA. The process for the recruitment and selection of staff, should staff need to be recruited was discussed with Mr Killough. Mr Killough confirmed that he understood what information was required to be obtained prior to any new staff commencing employment at the practice. This included the need to ensure that an enhanced AccessNI check was undertaken and received prior to commencement of employment of a staff member.

During the announced inspection on 24 August 2016 it was identified that one staff member had commenced employment in Cushendall Dental Surgery on 24 August 2015, some three weeks after the previous announced inspection. A review of the records evidenced that not all of the documents relating to the recruitment process were available for review at the premises.

The following was noted in the file:

- evidence of current General Dental Council (GDC) registration
- a job description
- a completed induction

The personnel file did not contain photographic identification, a criminal conviction declaration, evidence that an enhanced AccessNI check had been received, two written references, a full employment history or confirmation that the person is physically and mentally fit to fulfil their duties. Mr Killough advised that some of this documentation was retained off site. Mr Killough was advised that documents relating to recruitment should be available for inspection and information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 must be retained for new employees. Mr Killough confirmed during the inspection that he was aware of the legislative requirements for staff recruitment as outlined in Regulation 19, Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

At this stage it was not clear whether or not an AccessNI enhanced disclosure check had been undertaken for this member of staff prior to commencement of employment.

Following the inspection RQIA received information from Mr Killough, by electronic mail, on 24 August 2016 confirming that he had reviewed the information off site in relation to the identified member of staff and it contained photographic identification, an occupational health check and one reference from the most recent employer.

Some of the information required to be obtained prior to commencement of employment had not been obtained in relation to the identified staff member. A recommendation has been made to ensure that, when recruiting new staff, all information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 is obtained prior to commencement of employment.

The information received on 24 August 2016 confirmed that the personnel file also contained evidence of an enhanced AccessNI disclosure certificate dated June 2013.

On receipt of the information, RQIA contacted Mr Killough to seek further clarification as the date on the enhanced AccessNI disclosure certificate for the member of staff did not correspond with the date of the staff member's employment in the practice. During the call it was established that what Mr Killough had on file was not, in fact evidence of an enhanced AccessNI disclosure certificate but a document from an umbrella body, which confirmed that an AccessNI enhanced disclosure check had been completed in respect of the staff member's employment in another dental practice in June 2013.

This information confirmed that the staff member had been employed by Mr Killough for a period of one year without an appropriate AccessNI enhanced disclosure check having been undertaken.

The fact that AccessNI enhanced disclosure certificates are not currently portable in Northern Ireland was discussed with Mr Killough during the inspection on 24 August 2016. Mr Killough confirmed at this time that he was aware that AccessNI checks were portable in Great Britain but not in Northern Ireland.

RQIA is concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being compromised.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with Mr Killough with the intention of issuing a failure to comply notice.

A meeting was held on 7 September 2016 at the offices of RQIA.

Between the date of the inspection and 7 September 2016, RQIA received and reviewed several items of correspondence from Mr Killough, in relation to his recruitment processes. RQIA also sought assurances from Mr Killough during a meeting at its offices on 7 September 2016 that the processes for recruitment and selection of staff were robust. Assurances were not provided, either within the correspondence reviewed or during this meeting, that recruitment processes were robust. As a result a failure to comply notice was issued. The failure to comply notice relates to staff recruitment practices. The date by which compliance must be achieved is 10 November 2016.

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 staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

One overarching policy was in place for the safeguarding and protection of adults and children that 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.

The new regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available for staff reference and staff confirmed that the guidance had been discussed at a recent staff meeting. The new regional guidance for safeguarding children was also available for staff reference.

Management of medical emergencies

A review of medical emergency arrangements and discussion with staff 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 with the exception of an automated external defibrillator (AED) and oropharyngeal airways. The practice has timely access to an AED located in the medical centre which is in the same building. Mr Killough had taken a risk management decision not to provide oropharyngeal airways following the previous inspection. The provision of oropharyngeal airways was discussed with the associate dentist and dental nurses during this inspection and it was agreed that oropharyngeal airways would be ordered in various sizes. RQIA received confirmation by telephone on 6 September 2016 that oropharyngeal airways in various sizes had been ordered.

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.

Discussion with staff confirmed that a policy for the management of medical emergencies was in place. 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. Two waste bins observed in clinical areas were not foot or sensor operated. This was discussed with staff and the bins were replaced on the day of the inspection in keeping with best practice guidance. Staff were observed to be adhering to best practice in terms of 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 one washer disinfector and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during June 2016.

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, x-ray audits and digital x-ray processing.

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.

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

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

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

A fire risk assessment had been undertaken and staff confirmed fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels was in place and pressure vessels have been inspected in keeping with the written scheme of examination.

Patient and staff views

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

Eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

Areas for improvement

All information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 must be obtained prior to commencement of employment.

Number of requirements	0	Number of recommendations:	1
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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.

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. A range of health promotion information leaflets were available in the reception area. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. Staff discussed how they have presented oral health awareness sessions in a local nursery school to help educate the children about oral health and hygiene in a fun way.

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
- clinical records
- review of complaints/accidents/incidents

Communication

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.

A breaking bad news policy in respect of dentistry was in place.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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 demonstrated how they converse with patients and conduct telephone enquiries in a professional and confidential manner.

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

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

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

Staff confirmed that a policy and procedure was in place in relation to confidentiality.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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.

Mr Killough has overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was 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.

Mr Killough 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.

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.

As previously discussed in section 4.3 a review of the personnel file of one member of staff identified that not all documents relating to recruitment process were available. Mr Killough confirmed that some recruitment documents were retained off site. Mr Killough was advised that documents relating to recruitment should be available for inspection. A recommendation has been made to ensure that all records pertaining to recruitment are available for review by inspectors.

As previously discussed an issue of concern was identified during this inspection in relation to the recruitment and selection of staff. RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been compromised. As a result a failure to comply notice was issued. The date by which compliance must be achieved is 10 November 2016.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- “Excellent staff, excellent care.”
- “The practice operates to a very high standard in terms of care, professionalism and efficiency. An excellent practice that I would recommend to any person.”

One of the submitted responses indicated dissatisfaction with the value of obtaining patient’s views. This was discussed with Mr Killough.

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

Areas for improvement

All records pertaining to the recruitment and selection of staff should be available for review by inspectors.

Number of requirements	0	Number of recommendations:	1
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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 Mr Killough, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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 independent.healthcare@rqia.org.uk for assessment by the inspector.

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

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 11.1

Stated: First time

To be completed by:
24 August 2016

All information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 must be obtained prior to commencement of employment.

Response by registered provider detailing the actions taken:

AS stated in the email sent to Norma Munn the afternoon of the announced inspection (24-08-2016) we had available all information we perceived to be correct (and will eventually get the opportunity to prove our case) as listed in Regulation 19, Schedule 2 of the Independent Health Care Regulations (NI) 2005 and this information was available to examine but to this day we have never been asked by anyone from RQIA to see this information.

The disputed point about the NI Access check of the employee concerned was immediately obtained following the announced inspection and the member of staff worked under supervision up to the time it arrived.

Recommendation 2

Ref: Standard 8.5

Stated: First time

To be completed by:
24 August 2016

All records pertaining to the recruitment and selection of staff should be available for review by inspectors

Response by registered provider detailing the actions taken:

As stated to RQIA since the inspection and at the time of the inspection some of this information mainly for confidentiality reasons is kept in my private office situated in Ballycastle.

If / when asked for this information in the future it can be available with no trouble.

In future when we are aware the inspector wishes to see these they will be readily available.

We are checking from a legal standpoint what exactly we can disclose to the inspectors concerning employees personal details or is it just the inspectors need to see evidence that the information has been looked for?

There is some confusion whether consent has to be sought from the member of staff involved whether what can be considered sensitive information is being asked for (NI Access check, Occupational Health information - information that doesn't prevent the employee from working but what the employee might not want for anyone else to know)

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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