Announced Care Inspection Report
25 January 2018

Farmer Dental

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 16 Hamilton Road, Bangor BT20 4LE
Tel No: 02891 270426
Inspector: Elizabeth Colgan

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 three registered places.

3.0 Service details

Organisation/Registered Provider: Dr Tracey Moynihan	**Registered Manager:** Dr Tracey Moynihan
Person in charge at the time of inspection: Dr Tracey Moynihan	**Date manager registered:** 23 January 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Three

4.0 Inspection summary

An announced inspection took place on 25 January 2018 from 10.00 to 12.30.

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

Five areas requiring improvement were identified:

One area for improvement was identified against the regulations in relation to the recruitment and selection of staff. Four areas for improvement were identified against the standards. These were in relation to staff inductions, General Dental Council (GDC) continuing professional development (CPD) of staff, infection prevention and control, and radiology.

Patients who submitted questionnaire responses to RQIA indicated that they were mainly very satisfied or satisfied with all aspects of care in this service. One patient was undecided in their response.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Ms Tracey Moynihan, 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 pre-registration care inspection dated 28 November 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 November 2016.

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 pre-registration care inspection
- the previous pre-registration care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients prior to the inspection by the practice on behalf of RQIA. Returned completed patient questionnaires were also analysed prior to the inspection. A poster informing staff to complete a questionnaire by the web portal was provided and displayed.

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

During the inspection the inspector met with Ms Moynihan, registered person; one dentist; two dental nurses; a hygienist and a receptionist. A tour of the premises was also undertaken.

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 pre-registration care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspections dated 28 November 2016

The most recent inspections of the practice were announced care and premises pre-registration inspections which were carried out on the same day. The completed QIPs were returned and approved by the care and estates inspectors respectively.

6.2 Review of areas for improvement from the pre-registration care inspection dated 28 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Recommendation 1 **Ref:** Standard 12.4 **Stated:** First time	Provide buccal Midazolam in the doses as recommended by the Health and Social Care Board (HSCB); that is Buccolam prefilled syringes.	**Met**
	Action taken as confirmed during the inspection: Review of the emergency drugs confirmed that Buccolam prefilled syringes in the doses as recommended by the HSCB had been provided.	

Recommendation 2 **Ref**: Standard 15.3 **Stated:** First time	Training in safeguarding children and adults at risk of harm should be provided to all staff as outlined in the Minimum Standards for Dental Care and Treatment (2011).	**Met**
	Action taken as confirmed during the inspection: Review of documentation and discussion with staff confirmed that training in safeguarding children and adults at risk of harm had been provided for all staff as outlined in the Minimum Standards for Dental Care and Treatment (2011).	
Recommendation 3 **Ref**: Standard 11 **Stated:** First time	The safeguarding of children and adults at risk of harm policies and procedures should be further developed in accordance with best practice guidance.	**Met**
	Action taken as confirmed during the inspection: Review of documentation and discussion with staff confirmed that the safeguarding of children and adults at risk of harm policies and procedures had been further developed in accordance with best practice guidance.	
Recommendation 4 **Ref**: Standard 13 **Stated:** First time	The following issues in relation to infection prevention and control should be addressed: • The identified shelving in the hygienist surgery and the identified area in surgery three should remain uncluttered to facilitate effective cleaning. • Remove all plugs from hand wash basins in clinical areas. • All signage should be laminated.	**Met**
	Action taken as confirmed during the inspection: Review and observation of the premises confirmed that: • shelving in the identified surgeries was clean and uncluttered. • all plugs from hand wash basins in clinical areas had been removed. • all signage was laminated.	

Recommendation 5 **Ref**: Standard 8.3 **Stated:** First time	Review the x-ray equipment manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. The arrangements should be confirmed to RQIA in the returned QIP.	**Met**
	Action taken as confirmed during the inspection: Review of documentation confirmed that arrangements had been made to ensure that all x-ray equipment was serviced and maintained in keeping with manufacturer's instructions.	

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

Three 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 review of the files of two recently recruited staff evidenced that an induction programme had been completed for one member of staff; however, there was no evidence that an induction had been completed for the second member of staff. An area for improvement has been made against the standards.

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. A review of a sample of two staff files evidenced that appraisals had been completed on an annual basis.

Staff spoken with confirmed that they keep themselves updated with their GDC, CPD requirements and other mandatory training; however, oversight of this by the practice needs to be improved. Ms Moynihan was advised that she should have a system in place to ensure that all clinical staff in the practice, including self-employed staff, keep their training updated. An area for improvement has been made against the standards.

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

Recruitment and selection

A review of the submitted staffing information and discussion with Ms Moynihan confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. The two files reviewed did not have evidence of a criminal conviction declaration or confirmation that the person is physically and mentally fit to fulfil their duties. One file had only one written reference. An area for improvement was identified against the regulations.

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.

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

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, and equipment were free from damage, dust and visible dirt. The seating of the dental chair in the hygienist surgery was torn and it was advised that this chair should be repaired or re-upholstered to provide an intact surface that will facilitate effective cleaning. An area for improvement has been made against the standards.

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 with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector, a steam steriliser and a DAC Universal had been provided to meet the practice requirements. A review of documentation evidenced that the validation of the decontamination equipment has been arranged for March 2018. Ms Moynihan has agreed to forward the validation certificates by electronic mail to RQIA when this has been carried out. 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 January 2018.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

Radiography

The practice has three 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. However, there was no evidence in the file to confirm that staff have received local training in

relation to these duties. Staff spoken with demonstrated sound knowledge of the local rules and associated practice. A copy of the local rules was on display near each x-ray machine; however, new staff had not signed to confirm that they had read and understood these. An area for improvement has been made against the standards to address the issues identified.

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.

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 high 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.

Ms Moynihan confirmed that arrangements are in place for maintaining the environment.

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

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.

A written scheme of examination of pressure vessels was undertaken in January 2018.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Eighteen patients indicated they were very satisfied with this aspect of care and one patient was undecided in respect of this aspect of care. No comments were included in submitted questionnaire responses.

No staff submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to appraisal, safeguarding, management of medical emergencies, decontamination procedures, and the environment.

Areas for improvement

All new staff should complete an induction programme and a record should be retained.

A system should be implemented to monitor and ensure that the GDC CPD requirements are met by all clinical staff in the practice, including self-employed staff.

Ensure that all information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for any new staff, including self-employed staff commencing work in the future.

The torn area on the dental chair in the hygienist surgery should be repaired or re-upholstered to provide an intact surface that will facilitate effective cleaning.

Ensure that staff have received local radiation training relevant to their duties and the local rules have been signed by new staff to confirm that they had read and understood these.

	Regulations	Standards
Total number of areas for improvement	1	4

6.5 Is care effective?

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

Clinical records

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

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

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 records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of health promotion information leaflets available in the reception area. The practice has a health promotion outreach programme that they deliver in schools and also provide mother and toddler talks. Ms Moynihan confirmed that oral health is actively promoted on an individual level with patients during their consultations.

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 survey

Communication

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

Patient and staff views

All of the 19 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Eighteen patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. No comments were included in submitted questionnaire responses.

No submitted staff questionnaire responses were received.

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 in November 2017 demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All of the 19 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Eighteen patients indicated they were very satisfied with this aspect of care and one was undecided in respect of this aspect of care. No comments were included in submitted questionnaire responses.

No submitted staff questionnaire responses were received.

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 whom 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 Moynihan 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 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 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 Moynihan 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 Moynihan demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

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

Patient and staff views

All of the 19 patients who submitted questionnaire responses indicated that they felt that the service is well led. Eighteen patients indicated they were very satisfied with this aspect of the service and one was undecided in respect of this aspect of care. No comments were included in submitted questionnaire responses.

No submitted staff questionnaire responses were received.

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 Moynihan, 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, 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 19 Schedule (2) as amended **Stated:** First time **To be completed by:** 25 February 2018	The registered person shall ensure that all information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for any new staff, including self-employed staff commencing work in the future. Ref: 6.4
	Response by registered person detailing the actions taken: Personnel files have been updated to include a criminal conviction declartation and confirmation that staff members are physically and mentally fit to fulfil their duties.
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:** 25 February 2018	The registered person shall ensure that all new staff complete an induction programme and a record is retained. Ref: 6.4
	Response by registered person detailing the actions taken: the practice induction programme has been completed with all new staff members and recorded in their personnel files.

Area for improvement 2 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 25 February 2018	The registered person shall implement a system to monitor and ensure that the General Dental Council (GDC) continuing professional development (CPD) requirements are met by all clinical staff in the practice, including self-employed staff. Records of training are to be retained. Ref: 6.4
	Response by registered person detailing the actions taken: I have spoken to staff re: their CPD requirements and will monitor their CPD files to ensure everything is up to date.
Area for improvement 3 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 25 February 2018	The registered person shall ensure that the torn area on the dental chair in the hygienist surgery is repaired or re-upholstered to provide an intact surface that will facilitate effective cleaning. Ref: 6.4
	Response by registered person detailing the actions taken: I have contacted 2 companies about getting the fabric on the dental chair repaired and am waiting for a quote before going ahead with this.
Area for improvement 4 **Ref**: Standard 8 **Stated:** First time **To be completed by:** 25 February 2018	The registered person shall ensure that staff have received local radiation training relevant to their duties and the local rules have been signed by new staff to confirm that they had read and understood these. Ref 6.4
	Response by registered person detailing the actions taken: Staff have received training relevant to their duties and regarding the local rules and have also signed the local rules.

Please ensure this document is completed in full and returned via Web Portal

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