



The Regulation and
Quality Improvement
Authority

REGULATION AND QUALITY

10 FEB 2016

IMPROVEMENT AUTHORITY

W N Farmer Dental Surgery

RQIA ID:11727

16 Hamilton Road

Bangor

BT20 4LE

Inspector: Carmel McKeegan

Inspection ID: IN023939

Tel: 028 91270426

**Announced Care Inspection
of
W N Farmer Dental Surgery**

20 January 2016

REGULATION AND QUALITY

24 FEB 2016

IMPROVEMENT AUTHORITY

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 20 January 2016 from 10.30 to 13.15. On the day of the inspection the management of medical emergencies was found to be generally safe, effective and compassionate. Improvements in recruitment and selection are necessary in order for care to be safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

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, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 31 March 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The details of the QIP within this report were discussed with Mr Neill Farmer, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Neill Farmer	Registered Manager: Mr Neill Farmer
Person in Charge of the Practice at the Time of Inspection: Mr Neill Farmer	Date Manager Registered: 11 March 2013
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: staffing information, patient consultation report and complaints declaration.

During the inspection the inspector met with Mr Farmer, registered person, a hygienist, two dental nurses and the receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, job descriptions, contracts of employment, and three patient medical histories.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 31 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 31 March 2015

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 17.1 Stated: Second time	<p>Introduce and maintain a system for reviewing at appropriate intervals the quality of treatment and other services provided to patients in or for the purposes of the establishment.</p> <p>On completion of the consultation a report of the findings must be produced and made available to patients.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with Mr Farmer and staff confirmed that an annual patient consultation process had been introduced. A summative report of the most patient consultation process, dated January 2016, was on display in the reception area.</p>	
Requirement 2 Ref: Regulation 15 (2) (b) Stated: Second time	<p>Ensure that the washer disinfectors and sterilisers are validated and documentation retained.</p> <p>Arrangements must be put in place for annual validation of the washer disinfectors and sterilisers. Routine validation of the DAC Universal must also be completed as outlined in the manufacturer's guidance.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with Mr Farmer, a dental nurse and review of records confirmed that the washer disinfectors, sterilisers and the DAC Universal had been validated on 13 April 2015.</p> <p>Mr Farmer confirmed that arrangements had been established to ensure validation of each piece of equipment as outlined in the manufacturer's guidance is undertaken.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: Second time</p>	<p>Establish separate log books for the DAC Universal and the washer disinfectant. The log books should contain the following information:</p> <ul style="list-style-type: none"> • details of the machine and location; • commissioning report; • daily/weekly test record sheets; • quarterly test record sheets (if reqd); • annual service/validation certification; • fault history; • records to show staff have been trained in the correct use of the machine; and • relevant contacts e.g. service engineer. <p>Action taken as confirmed during the inspection: Discussion with Mr Farmer, a dental nurse and review of records confirmed that log books were in place and the above information recorded as recommended.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 15 (1) (b)</p> <p>Stated: Second time</p>	<p>Ensure the relevant periodic testing as outlined in HTM 01-05 is undertaken and recorded for the DAC Universal and the washer disinfectant.</p> <p>Action taken as confirmed during the inspection: Discussion with a dental nurse and review of the DAC Universal log book confirmed that the relevant periodic testing as outlined in HTM 01-05 has been undertaken and recorded.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 15 (1) (c)</p> <p>Stated: Second time</p>	<p>Establish a system to record the sterilisation cycles for both sterilisers and ensure records are retained for not less than two years.</p> <p>Action taken as confirmed during the inspection: Discussion with Mr Farmer and a dental nurse confirmed that all sterilisation equipment records are retained in the dental practice for at least two years.</p>	<p>Met</p>

<p>Requirement 6</p> <p>Ref: Regulation 7 (1)</p> <p>Stated: First time</p>	<p>Further develop the statement of purpose to include the following details in keeping with regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005:</p> <ul style="list-style-type: none"> • the name and address of the registered provider; • the relevant qualification and experience of the registered provider; • the organisational structure of the practice; and • further development of the arrangements for consultation with patients about the operation of the practice. <p>A copy of the updated statement of purpose should be submitted to RQIA on return of the QIP.</p> <p>Action taken as confirmed during the inspection: A copy of the revised statement of purpose had been submitted to RQIA as required and approved by the relevant care inspector.</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 8 (1) (a to g) (2)</p> <p>Stated: First time</p>	<p>The patient guide should be further developed to fully reflect the following details as outlined in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005:</p> <ul style="list-style-type: none"> • details of the summary of the review of the quality of treatment completed in consultation with patients; • the address and telephone number of RQIA; and • information of how the most recent RQIA report can be obtained. <p>A copy of the updated patient guide should be submitted to RQIA on return of the QIP.</p> <p>Action taken as confirmed during the inspection: A copy of the revised patient guide had been submitted to RQIA as required and approved by the relevant care inspector.</p>	<p>Met</p>

Requirement 8 Ref: Regulation 15 (1) (b) Stated: First time	<p>Establish an audit programme that should include x-ray quality audits and x-ray justification and clinical evaluation recording.</p> <p>Action taken as confirmed during the inspection: Discussion with Mr Farmer and review of relevant records confirmed that an x-ray quality audit had been undertaken and will be repeated six monthly. Records reviewed confirmed that x-ray justification and clinical evaluation recording was undertaken by each dentist and overseen by Mr Farmer. Mr Farmer confirmed this will be completed annually.</p>	Met
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 14 Stated: Second time	<p>Complete the section in the fire risk assessment confirming that the identified actions have been addressed.</p> <p>Action taken as confirmed during the inspection: Review of the fire risk assessment confirmed that the section outlining identified areas for action had been completed by Mr Farmer.</p>	Met

<p>Recommendation 2</p> <p>Ref: Standard 9</p> <p>Stated: Third time</p>	<p>Review the complaints policy/procedure information and ensure that one complaints policy/procedure is available for private and NHS patients, or establish two policies/procedures, one for private patients and one for NHS patients. The complaints policy/policies should include the following:</p> <ul style="list-style-type: none"> • details of the Health and Social Care Board and General Dental Council (GDC) as agencies that may be utilised within the complaints investigation process; • details of the Ombudsman and the GDC Dental Complaints Service in the event of dissatisfaction about the outcome of the complaints investigation for NHS and private patients respectively; and • the details of RQIA, as an oversight body. <p>Action taken as confirmed during the inspection:</p> <p>Review of the complaints policy confirmed that the policy had been further developed and provided the stated recommended information.</p> <p>Discussion with Mr Farmer and staff confirmed that they were knowledgeable on complaints management.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.1</p> <p>Stated: Third time</p>	<p>Establish a system to ensure that policies and procedures are localised to reflect the arrangements in the practice.</p> <p>The dates of implementation and planned review should be identified on policies/procedures.</p> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with Mr Farmer and a dental nurse in conjunction with a review of a sample of policies confirmed that policies were reflective of local arrangements and provided the date of implementation and planned review.</p>	<p>Met</p>

<p>Recommendation 4</p> <p>Ref: Standard 15.3</p> <p>Stated: Third time</p>	<p>The safeguarding children and vulnerable adults policies should be further developed. Both policies should include the following:</p> <ul style="list-style-type: none"> • the types and indicators of abuse; • names of the nominated/deputy leads for safeguarding; and • onward referral arrangements in the event of a concern being identified, including local contact numbers. <p>Action taken as confirmed during the inspection: Review of the safeguarding children and vulnerable adults policies confirmed that these policies had been updated to include the recommended information.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 8</p> <p>Stated: Third time</p>	<p>Establish a freedom of information publication scheme.</p> <p>Action taken as confirmed during the inspection: A freedom of information publication scheme was provided.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 14.2 14.4</p> <p>Stated: Second time</p>	<p>Implement any recommendations including control measures, identified as a result of the legionella risk assessment.</p> <p>Action taken as confirmed during the inspection: Mr Farmer confirmed that since the previous inspection a new legionella risk assessment had been completed. Review of this risk assessment showed that the control measures such as monthly monitoring of water temperatures had been implemented with a record kept for inspection.</p>	<p>Met</p>
<p>Recommendation 7</p> <p>Ref: Standard 8.3</p> <p>Stated: Third time</p>	<p>Radiology - Maintain training records of staff in regard to radiology training.</p> <p>Action taken as confirmed during the inspection: Training records were provided in respect of staff involved in radiology within the dental practice.</p>	<p>Met</p>

Recommendation 8 Ref: Standard 13 Stated: Second time	The information contained on the interfaced computer system for both the DAC Universal and the washer disinfectant should be uploaded to the practice computer system on a monthly basis.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Farmer and staff confirmed that the information contained on the interfaced computer system for both the DAC Universal and the washer disinfectant is uploaded to the practice computer system on a monthly basis. This record was viewed on the practice computer during the inspection.	
Recommendation 9 Ref: Standard 13 Stated: First time	Records should be retained regarding the Hepatitis B immunisation status of all clinical staff.	Met
	Action taken as confirmed during the inspection: Records regarding the Hepatitis B immunisation status of all clinical staff were retained and available for inspection.	
Recommendation 10 Ref: Standard 13 Stated: First time	Sharps boxes should be signed and dated on assembly.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Farmer and observation of two dental surgeries confirmed that sharps boxes had been signed and dated on assembly.	
Recommendation 11 Ref: Standard 13 Stated: First time	All fabric chairs must be removed from the surgeries.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Farmer and observation of two dental surgeries confirmed that fabric chairs had been removed from clinical areas.	

Recommendation 12 Ref: Standard 13 Stated: First time	<p>Plugs should be removed from all dedicated hand washing basins and the overflows in all stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <p>Action taken as confirmed during the inspection: Discussion with Mr Farmer and observation of two dental surgeries confirmed that plugs had been removed from hand washing basins and overflows blanked off as recommended.</p>	Met
Recommendation 13 Ref: Standard 13 Stated: First time	<p>In regards to the independent bottled water system in surgery three, review the manufacturer's guidance and ensure that the DUWLs are disinfected/purged in keeping with the guidance.</p> <p>Ensure a commercially available biocide is used to disinfect DUWLs.</p> <p>Action taken as confirmed during the inspection: Discussion with Mr Farmer and staff confirmed that a written protocol had been developed and implemented for the management of the DUWLs in surgery three, which included the use of a disinfectant in accordance with manufacturer's guidance.</p>	
Recommendation 14 Ref: Standard 13 Stated: First time	<p>In keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 the Infection Prevention Society (IPS) audit tool must be completed every six months.</p> <p>Action taken as confirmed during the inspection: The HTM 01-05 IPS audit tool (2013 edition), completed in January 2016, was available for inspection. Staff confirmed that this audit will be completed six monthly.</p>	Met

5.3 Medical and other emergencies

Is Care Safe?

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 the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF), however it was observed that Glucagon medication is not stored in the fridge and a revised expiry date had not been recorded on the packaging to reflect this. Mr Farmer was advised that if Glucagon is stored out of a fridge a revised expiry date of 18 months from the date of receipt of the medication should be marked on the medication packaging and expiry date checklist to reflect that the cold chain has been broken. On the day of the inspection a revised expiry date was marked on the Glucagon medication packaging and the expiry date checklist. Mr Farmer stated the persons responsible for checking the emergency medication would be informed.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of a self-inflating bag with reservoir suitable for use with children and a child size clear face mask. RQIA received an electronic mail on 27 January 2016 to confirm that these items had been ordered.

Mr Farmer confirmed that an automated external defibrillator (AED) is available within close proximity to the dental practice and can be accessed in a timely manner, however formal arrangements facilitating access to an AED have not yet been established, a recommendation is made in this regard. Mr Farmer and staff confirmed that the recently held management of medical emergency training also included the use of an AED.

A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

On the day of the inspection the arrangements for managing a medical emergency were generally found to be safe.

Is Care Effective?

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

Discussion with Mr Farmer and staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with Mr Farmer and staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection the arrangements for managing a medical emergency were found to be effective.

Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion Mr Farmer and staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

Areas for Improvement

Formal arrangements should be established to facilitate access to an AED in a timely manner; the arrangements should be recorded within the associated emergency protocol.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Recruitment and selection

Is Care Safe?

Review of the recruitment policy available in the practice identified that further development was needed to ensure this policy was comprehensive and reflective of best practice guidance. RQIA received a copy of the revised recruitment policy by electronic mail on 27 January 2016, which was comprehensive and reflective of best practice guidance.

One member of staff had been recruited since registration with RQIA. The file was examined and the following was noted:

- positive proof of identity, including a recent photograph
- documentary evidence of qualification
- evidence of current GDC registration and
- evidence of professional indemnity insurance

The file reviewed did not include evidence of the following;

- that an enhanced AccessNI check was received prior to commencement of employment
- two written references
- details of full employment history, including an explanation of any gaps in employment;
- a criminal conviction declaration or
- confirmation that the person is physically and mentally fit to fulfil their duties.

Discussion with Mr Farmer revealed that he was aware that the practice was required to ensure that an enhanced AccessNI check was received prior to commencement of employment, for any person recruited to work in the practice. Mr Farmer stated that at the time of this person's recruitment there were extenuating circumstances within the practice that contributed to this omission. A requirement is made to ensure an enhanced AccessNI check is received prior to commencement of employment of any future staff.

Discussion with Mr Farmer and review of the revised recruitment policy indicated that two written references, details of full employment history, including an explanation of any gaps in employment; a criminal conviction declaration on application, and confirmation that the person is physically and mentally fit to fulfil their duties, would be provided for all future staff including those who are self-employed. A recommendation is made in this regard.

A staff register was not retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable. RQIA received a copy of the practice staff register by electronic mail on 27 January 2016. Mr Farmer is aware that this is a live document which should be kept updated and be available for inspection.

Mr Farmer confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of a sample of records demonstrated that the appropriate indemnity cover is in place.

On the day of the inspection it was identified that improvement is needed to ensure recruitment and selection procedures are safe.

Is Care Effective?

As discussed previously, a revised recruitment and selection policy was developed to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide. Discussion with Mr Farmer and relevant staff members confirmed that they were now aware of the required records to be kept in respect of persons to be employed in the dental practice. Further improvement is necessary to ensure enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the future.

The personnel file reviewed did not include a contract of employment/agreement or a job description. Discussion with Mr Farmer confirmed that self-employed staff had not been provided with a contract of agreement. Mr Farmer stated consideration would be given to providing a contract of agreement with self-employed staff in keeping with best practice. On 27 January 2016 RQIA received written confirmation that a contract of agreement would be provided for self-employed staff working in the practice.

Induction programme templates are in place relevant to specific roles within the practice. The personnel file reviewed evidenced that induction programmes are completed when new staff join the practice.

Discussion with two dental nurses and a receptionist confirmed that they have been provided with a job description, contract of employment and have received induction training when they commenced work in the practice.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

On the day of the inspection it was identified that improvement is needed to ensure recruitment and selection procedures are effective.

Is Care Compassionate?

Implementation of the revised recruitment and selection procedures will demonstrate good practice in line with legislative requirements.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As previously stated an issue was identified in relation to enhanced AccessNI checks. The importance of obtaining enhanced AccessNI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr Farmer.

Discussion with Mr Farmer and staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with Mr Farmer and staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

On the day of the inspection it was identified that some improvement is needed to ensure that recruitment and selection procedures are compassionate.

Areas for Improvement

An AccessNI enhanced disclosure check undertaken by the practice must be received prior to any new staff commencing work in the practice. An enhanced AccessNI check must be undertaken for the identified staff member.

Staff personnel files, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, including confirmation of induction.

Number of Requirements:	1	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Farmer, registered person, a hygienist, two dental nurses and the receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Seven were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff confirmed that in general they were provided with a job description and contract of employment/agreement on commencing work in the practice. However two of the five questionnaire responses indicated that a contract of employment/agreement had not been provided. It was noted that this related to self-employed staff; as noted previously this matter was discussed with Mr Farmer. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

5.5.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

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 January 2014 to 31 March 2015.

5.5.3 Patient consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by RQIA to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

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.

6. Quality Improvement Plan

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

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

6.2 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/s may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to RQIA's office 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 weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person(s) from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person(s) with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 19 (2)
Schedule 2

Stated: First time

To be Completed by:
20 January 2016

The registered person must ensure that an AccessNI enhanced disclosure check is undertaken and received for any new staff including self-employed staff prior to them commencing work in the practice.

An enhanced AccessNI check must be undertaken for the identified staff member.

Response by Registered Person(s) Detailing the Actions Taken:

In process — ~~At~~ she is sorting
it out with AccessNI
WJ DAME

Recommendations

Recommendation 1

Ref: Standard 11

Stated: First time

To be Completed by:
20 January 2016

Formal arrangements should be established to facilitate access to an AED in a timely manner and recorded within the associated emergency protocol.

Response by Registered Person(s) Detailing the Actions Taken:

One has been purchased.
WJ DAME

Recommendation 2

Ref: Standard 11

Stated: First time

To be Completed by:
20 January 2016

Information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited. In addition to the information currently retained this should include:

- two written references
- details of full employment history, including an explanation of any gaps in employment
- criminal conviction declaration and
- confirmation that the person is physically and mentally fit to fulfil their duties

Response by Registered Person(s) Detailing the Actions Taken:

Copy sent to RQIA. (updated)
WJ DAME

Registered Manager Completing QIP	<i>W. J. O'Farrell</i>	Date Completed	23.2.16.
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	<i>Carmel McKeegan</i>	Date Approved	25.2.16.

Please ensure this document is completed in full and returned to RQIA's office from the authorised email address