Announced Care Inspection Report
5 January 2018

Newry Street Dental

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 29 Newry Street, Kilkeel, Newry, BT34 4DN
Tel no: 028 4176 5672
Inspectors: Norma Munn and Brighdin McFalone

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 two registered places providing NHS and private dental care and treatment.

3.0 Service details

Registered organisation/registered person: Mr Kevin Morgan	**Registered manager:** Mr Kevin Morgan
Person in charge of the practice at the time of inspection: Mr Kevin Morgan	**Date manager registered:** 25 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

4.0 Inspection summary

An announced inspection took place on 5 January 2018 from 10.00 to 13.45.

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 relation to patient safety in respect of recruitment and selection of staff, health promotion and engagement to enhance the patients' experience.

Two areas requiring improvement were identified against the regulations. These were in relation to the servicing of the Relative Analgesia (RA) machine and the x-ray machines. Five areas requiring improvement were identified against the standards. These were in relation to undertaking safeguarding training, the checking of expiry dates of medical emergency drugs and equipment, completing the Infection Prevention Society (IPS) audit tool, developing a more robust colour coded cleaning system and undertaking fire awareness training.

Patients who submitted questionnaire responses to RQIA indicated that they were very satisfied with all aspects of care in this service.

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	2	5

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 07 February 2017

No further actions were required to be taken following the most recent inspection on 07 February 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspector met with Mr Kevin Morgan, registered person, one dental nurse and three trainee dental nurses who also undertake reception duties. 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

The findings of the inspection were provided to Mr Morgan, registered person, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 07 February 2017

The most recent inspection of the practice was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 07 February 2017

There were no areas for improvement made as a result of the last care inspection.

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

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. The practice is a training practice approved by the Northern Ireland Medical and Dental Training Agency (NIMDTA). A dental foundation year one (DF1) trainee was undergoing a current placement in the practice. Mr Morgan confirmed that three trainee dental nurses employed in the practice were not enrolled in a recognised dental nursing course. This was discussed and following the inspection Mr Morgan confirmed that all three trainee dental nurses have expressed an interest in enrolling in the nearest college of further education to commence a dental nursing course in September 2018. Mr Morgan has given assurances that enrolment for this course will take place during March 2018.

Induction programme templates were in place relevant to specific roles and responsibilities. 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 evidence of some staff training having been completed and recorded however, a review of records and discussion with staff confirmed that not all staff had attended fire training or safeguarding training. This is discussed further within this section of the report.

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

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Morgan confirmed that four staff had been recruited since the previous inspection. A review of the personnel files for three of these staff demonstrated that all the relevant information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained with the exception of a full employment history and evidence of a second reference from one member of staff. Mr Morgan has given assurances that he will retain all documents pertaining to staff recruitment in the future.

There was a recruitment policy and procedure available. A minor amendment was made to the policy on the day of the inspection. The revised 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 and discussion with staff demonstrated that not all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011 and in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and the Safeguarding Board for Northern Ireland (SBNI) Learning and Development Strategy and Framework (2015-2018). An area for improvement has been made against the standards in this regard.

One overarching policy was in place for the safeguarding and protection of adults and children at risk of harm. The policy included some of the types and indicators of abuse and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. The policy did not fully reflect the regional policies and best practice guidance. Mr Morgan was advised to review and update the policy for safeguarding children and adults to ensure that it fully reflects the regional policies and best practice guidance. Following the inspection copies of two safeguarding policies in respect of children and adults were submitted to RQIA which fully reflected the regional policies and best practice guidance.

Mr Morgan confirmed that copies of the regional policy 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were available for staff reference. However, these were not available to review on the day of the inspection. Following the inspection these documents were forwarded to the practice along with a copy of the 'Adult Safeguarding Operational Procedures' (September 2016). Mr Morgan has agreed to share these documents with staff.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Some of the emergency medicines were stored out of their original packaging however; the patient information leaflets relating to the medications were readily available. Mr Morgan was advised to ensure that all medications are kept in the original packaging. The Glucagon medication was stored out of the fridge and the expiry date had not been revised on the packaging and the expiry date check list in accordance with the manufacturer's instruction. This was discussed with Mr Morgan and addressed on the day of the inspection. A discussion took place in regards to the procedure for the safe administration of Buccolam and the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) and the BNF. During the inspection Mr Morgan gave assurances that in the event of a medical emergency Buccolam will be administered as recommended by the HSCB and the BNF. Following the inspection RQIA received confirmation, including photographic evidence that the supply of Buccolam had been increased.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. However, the paediatric pads provided for use with the automated external defibrillator (AED) had just exceeded their expiry date. This was discussed with Mr Morgan and following the inspection RQIA received photographic evidence that these pads had been replaced.

Mr Morgan was the identified individual with responsibility for checking emergency medicines and equipment. A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date however; it was advised that the system is reviewed to ensure that any emergency medicines and equipment provided are replaced before they exceed their expiry date. An area for improvement against the standards has been made in this regard.

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 work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were generally free from damage, dust and visible dirt. Issues in relation to infection prevention and control were identified that were not in keeping with best practice guidance as follows:

- general waste bins in clinical areas were not foot or sensor operated
- an apron hanging up in the decontamination room was not disposable
- hand towels were stored on the floor in one of the store rooms
- a section of the staff room was cluttered with various items and used as a store room

Following the inspection RQIA received confirmation, including photographic evidence that the waste bins had been replaced with foot operated waste bins. Confirmation was also received that the hand towels were stored off the floor on a shelf and the cloth apron had been removed from the decontamination room. Mr Morgan has agreed to declutter the staff room to allow effective cleaning to take place. Staff were aware of 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 and a steam steriliser had 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.

A discussion took place in relation to auditing compliance with HTM 01-05 using the IPS audit tool. Mr Morgan confirmed that the IPS audit had been recently completed however; there was no evidence to confirm this. An area for improvement against the standards has been made in this regard.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control. These policies were not fully reviewed during this inspection.

Radiography

The practice has two surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audits.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

There was no evidence to confirm that the x-ray equipment had been serviced and maintained since October 2016. Mr Morgan should ensure that all x-ray equipment is serviced and maintained in accordance with manufacturer's instructions. An area for improvement against the regulations has been made in this regard.

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. The colour coded cleaning system was discussed during the previous inspection and Mr Morgan had agreed to implement the National Patient Safety Agency (NPSA) colour coding system. However, staff were unclear in respect of the new system. An area for improvement has been made against the standards in this regard.

Arrangements were in place for maintaining the environment. However, there was no evidence that the RA equipment had been serviced and maintained in keeping with manufacturer's instructions. The importance of ensuring that the RA equipment is serviced and maintained was discussed at length and Mr Morgan was advised not to use the RA machine until such times as it has been serviced and maintained in keeping with manufacturer's instructions. Following the inspection RQIA received confirmation that the RA machine had been disconnected and sent for servicing. An area for improvement against the regulations has been made in this regard.

Following the inspection Mr Morgan submitted to RQIA information in relation to the environment that included the arrangements for fire and legionella.

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

A fire risk assessment had been undertaken and reviewed. Staff demonstrated that they were aware of the action to take in the event of a fire. There was evidence to confirm that fire drills had been undertaken however, not all staff had attended fire awareness training on an annual basis. An area for improvement against the standards has been made in this regard.

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

Three patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Two staff submitted questionnaire responses. Both indicated that they felt that patients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to recruitment and selection of staff and decontamination procedures.

Areas for improvement

All staff should attend training in safeguarding of children and adults commensurate of their role in keeping with best practice guidance and in accordance with the Minimum Standards for Dental Care and Treatment 2011.

A more robust system should be developed to ensure that emergency medicines and equipment do not exceed their expiry date.

The IPS audit tool should be completed six monthly and an action plan developed to address any shortfalls identified during the audit process.

The colour coded cleaning system should be reviewed and implemented in keeping with the NPSA recommendations. All staff should be aware of the colour coded system and its implementation.

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

The RA equipment should be serviced and maintained in keeping with manufacturer's instructions.

All staff should attend fire awareness training on an annual basis.

	Regulations	Standards
Total number of areas for improvement	2	5

6.5 Is care effective?

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

Clinical records

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

Mr Morgan and staff 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.

Mostly manual records are maintained. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality. A discussion took place regarding the storage and security of patient records at the reception area and Mr Morgan has given assurances that all patient records would be securely stored in lockable filing cabinets.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy was not reviewed during this inspection.

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. An area was observed within one of the surgeries to promote oral health and hygiene that included a range of information leaflets, samples of food and drink and information regarding the sugar content in each item. Mr Morgan 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
- patient satisfaction

As previously discussed Mr Morgan was advised that the IPS audit tool should be completed six monthly and an action plan developed to address any shortfalls identified during the audit process.

Communication

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

Staff meetings are held on a regular basis to discuss clinical and practice management issues. 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.

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 of the patients indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Both 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. Both staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to 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.

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.

The practice undertakes patient satisfaction surveys on an annual basis. The most recent patient satisfaction report was not reviewed during this inspection.

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 of the patients indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Both 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. Both staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance arrangements

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

Mr Morgan is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Staff spoken with were aware of the policies and how to access them.

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 evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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 Morgan confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. However, as previously discussed the IPS audit tool had not been completed on a six monthly basis in keeping with best practice guidance.

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

Mr Morgan demonstrated a clear understanding of his role and responsibility in accordance with legislation. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

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

Both submitted staff questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of complaints and incidents, 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 Mr Morgan, 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 15 (2) b **Stated:** First time **To be completed by:** 05 February 2018	The registered person shall ensure that the relative analgesia (RA) equipment is serviced and maintained in keeping with manufacturer's instructions. Ref: 6.4
	Response by registered person detailing the actions taken: Matrix Mdm serviced by RA medical services ltd 16/01/2018 and returned to practice.
Area for improvement 2 **Ref:** Regulation 15 (2) b **Stated:** First time **To be completed by:** 05 February 2018	The registered person shall ensure that the x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. Ref: 6.4
	Response by registered person detailing the actions taken: Annual mechanical and electrical checks arranged with BF Mulholland. Completed 02/02/2018. Certificates emailed to RQIA inspector
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 15.3 **Stated:** First time **To be completed by:** 05 March 2018	The registered person shall ensure that all staff attend training in safeguarding of children and adults commensurate of their role in keeping with best practice guidance and in accordance with the Minimum Standards for Dental Care and Treatment 2011. Ref: 6.4
	Response by registered person detailing the actions taken: Arrangements made for both Child Protection and Adults in need of protection organised by the practice.
Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 05 February 2018	The registered person shall develop a more robust system to ensure that emergency medicines and equipment do not exceed their expiry date. Ref: 6.4
	Response by registered person detailing the actions taken: Emergency medicine checklist redrawn. Digitised checklist also introduced as a failsafe.

Area for improvement 3 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 05 February 2018	The registered person shall ensure that the IPS audit tool is completed six monthly in keeping with HTM 01-05. An action plan should be developed to address any shortfalls identified during the audit process. Ref: 6.4
	Response by registered person detailing the actions taken: IPS audit tool completed digitally. Action plan automatically produced from the audit tool. Previous audits forwarded to RQIA inspector.
Area for improvement 4 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 05 February 2018	The registered person shall ensure that the colour coded cleaning system is reviewed and implemented in keeping with the National Patient Safety Agency (NPSA) recommendations. All staff should be aware of the colour coded system and its implementation. Patient Safety Agency (NPSA) recommendations introduced and staff fully aware of colour coded system. Annual review to take place. Ref: 6.4
	Response by registered person detailing the actions taken: Current system now modified to NPSA.
Area for improvement 5 **Ref**: Standard 12.5 **Stated:** First time **To be completed by:** 05 March 2018	The registered person shall ensure that all staff attend fire awareness training on an annual basis. Ref: 6.4
	Response by registered person detailing the actions taken: As per fire risk assessment annual training should take place. Certificates to be forwarded to RQIA inspector.

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

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower
5 Lanyon Place
BELFAST

BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews