

Announced Care Inspection Report 30 May 2017



{my}dentist, Tempo Road

Type of service: Independent Hospital (IH) – Dental Treatment

Address: 141 Tempo Road, Enniskillen, BT74 6HR

Tel no: 028 6634 0004

Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of {my}dentist, Tempo Road took place on 30 May 2017 from 09:50 to 13:20.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Observations made, review of documentation and discussion with Ms McKeefrey, practice manager, and staff demonstrated that in the main, systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One recommendation has been made to review the procedure for the decontamination of dental handpieces.

Is care effective?

Observations made, review of documentation and discussion with Ms McKeefrey, and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Ms McKeefrey, and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. As discussed above an issue was identified within the 'Is care safe' domain which relate to quality assurance and good governance. Implementation of the recommendation made will further enhance the governance arrangements in the practice. In addition, it was established that the signage on the front of the building is not the same as the registered name of the practice. A recommendation has been made to address this.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the

Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

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

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Shauna McKeefrey, practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 13 May 2016.

2.0 Service details

Registered organisation/registered person: IDH Acquisitions Limited Mr Stephen Williams	Registered manager: Ms Zara Doyle
Person in charge of the practice at the time of inspection: Ms Shauna McKeefrey	Date manager registered: Ms Zara Doyle – acting manager
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 5

IDH Acquisitions Limited is the registered provider for six dental practices registered with RQIA. Mr Stephen Williams is the responsible person for IDH Acquisitions Limited.

3.0 Methods/processes

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

During the inspection the inspector met with Ms Shauna McKeefrey, practice manager, a dental nurse and a receptionist. No orthodontists or orthodontic therapists were available on the day of inspection. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 May 2016

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 13 May 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 17 (5)</p> <p>Stated: First time</p>	<p>The registered person must ensure that all incidents are recognised by staff, recorded, and reported in line with legislation, investigated and any learning disseminated to appropriate staff.</p> <hr/> <p>Action taken as confirmed during the inspection: Ms McKeefrey confirmed that no incidents have occurred in the practice since the previous inspection. Review of the practice accident book evidenced this. Review of records confirmed that all staff have completed training on accident reporting during March 2017. An incident reporting procedure was observed to be on display in the staff room. Staff were aware of the actions to be taken following an incident.</p>	Met

4.3 Is care safe?

Staffing

Five dental chairs are in operation in this practice, four of the dental chairs are presented in a polyclinic design and the fifth dental chair is in a separate surgery that operates as an oral health education room when required. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development.

There is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. The {my}dentist group have a training academy based in Manchester and they also provide training to staff through an online training portal. The training portal includes all mandatory training which staff must complete within specified timeframes. A robust procedure is in place to identify when staff have not completed mandatory training within the specified timeframes.

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 Ms McKeefrey confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for the identified 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.

The {my}dentist group have an information management system called 'clarity'. Clarity has a recruitment section which includes all policies/procedures and model templates to be used during the recruitment process as well as a Human Resources section to store recruitment documentation. It was also established that the {my}dentist group have a Human Resources department who supports practice managers during the recruitment process.

There was a recruitment policy and procedure available. The recruitment policy was not reviewed during the inspection.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that Ms McKeefrey, as the safeguarding lead, has completed Level 2 training in

safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). A discussion took place in regards to the adult safeguarding arrangements within the organisation. It was suggested that IDH Acquisitions Limited should undertake a review of the adult safeguarding arrangements to determine if they require a nominated individual to act as the adult safeguarding champion for the organisation. An adult safeguarding champion should be trained to Level 3.

It was confirmed that copies of the regional policy and guidance documents entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were available for staff reference.

Two separate policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. Ms McKeefrey confirmed that 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.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was observed that Adrenalin was retained in ampoule format. It was suggested that consideration be given to providing Adrenalin in a pre-filled syringes suitable for administration to a child or adult. 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.

It was confirmed that a back-up medical emergency bag containing additional supplies of equipment and oxygen was available.

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. In addition to the practical training provided by an external training organisation staff also complete online refresher training through the training portal. This frequency of training exceeds 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.

There was a management of medical emergencies policy available. The policy was not reviewed during this inspection. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. 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. Infection prevention and control refresher training is a {my}dentist group mandatory course that staff must complete annually using the training portal.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including two washer disinfectors and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

Discussion with staff evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Two handpieces reviewed had the washer disinfectant compatible symbol displayed. Processing of handpieces was discussed with Ms McKeefrey and staff who were advised to refer to the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015 issued to all dental practices by the DHSSPS. A recommendation has been made to review the procedure for the decontamination of dental handpieces.

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 December 2016.

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

Radiography

There is a separate x-ray room, which accommodates an intra-oral x-ray machine and a combined orthopan tomogram machine (OPG) and cephalostat.

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

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

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

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a good standard of maintenance and décor. It was observed that a wall in the private dental surgery has been wallpapered. Ms McKeefrey was advised that the use of wallpaper in clinical areas is not in keeping with best practice guidance and should be reviewed during the next planned refurbishment.

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

Arrangements are in place for maintaining the environment. The {my}dentist group have a facilities management department to support practices. This department are responsible for ensuring that the air conditioning system, fire detection system and firefighting equipment and intruder alarm are serviced annually and that relevant risk assessments, including the legionella and fire risk assessments are updated in keeping with best practice guidance.

A number of routine checks are undertaken in relation to the fire detection system to include weekly checks of fire extinguishers, means of escape and break glass points and monthly checks of emergency lighting. Staff demonstrated that they were aware of the action to take in the event of a fire.

It was confirmed that water temperatures are monitored and recorded in keeping with the legionella risk assessment.

Review of records confirmed that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels.

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

Fifteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and all 15 patients indicated that they were very satisfied with this aspect of their care. Comments provided included the following:

- “Lovely staff and place”
- “Excellent staff”

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Four staff indicated that they were very satisfied with this aspect of

patient care and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

The procedure for the decontamination of handpieces should be reviewed. Compatible handpieces should be processed in the washer disinfector.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Clinical records

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

It was confirmed that routine dental examinations include a review of medical history. The orthodontist examination includes checks for gum disease and oral cancers and treatment plans are developed in consultation with patients. Staff 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. Ms McKeefrey confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

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 information available in the waiting area of the practice. The waiting area also accommodates a patient notice board, a poster display and a TV which screens information in regards to the practice, treatments available and oral health and hygiene.

The {my}dentist group have a marketing department which distributes new poster displays every three months. As discussed previously the fifth dental surgery also operates as an oral health education room. Dental nurses are trained to provide oral health instruction and use models to demonstrate brushing techniques. It was confirmed that the orthodontist and orthodontic therapist actively promote oral health on an individual basis with patients during their consultations. A range of oral health products were available for purchase in the practice.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records
- review of complaints/accidents/incidents
- completion of paper records and patient information
- completed consent forms

Communication

It was confirmed that the {my}dentist group routinely issue various bulletins and newsletters to practices within the organisation. These bulletins and newsletters provide information in regards to clinical and practice management, governance issues, staff training and professional development as well as advances in clinical practice.

Ms McKeefrey confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal 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.

Patient and staff views

All 15 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All 15 patients indicated that they were very satisfied with this aspect of their care. Comments provided included the following:

- “No problem”
- “Great care provided”

All five staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Four staff indicated that they were very satisfied with this aspect of patient care and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to conduct telephone enquiries in a professional and confidential manner.

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. 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 demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. It was observed that a patient suggestion box was available in the reception area. It was also confirmed that the {my}dentist group has a dedicated patient support telephone line that patients could use to provide feedback. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

Patient and staff views

All 15 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All 15 patients indicated that they were very satisfied with this aspect of their care. Comments provided included the following:

- "All lovely staff"
- "Great service. I feel very comfortable when I come for an appointment"

All five staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Four staff indicated that they were very satisfied with this aspect of patient care and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. The registered person has nominated the area development manager to monitor the quality of services and undertake a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits were available for inspection.

The practice registered with RQIA as {my}dentist, Tempo Road with effect from 01 December 2015. However, the signage outside the practice states the name of the practice as Enniskillen Orthodontics. This may cause confusion for patients or interested bodies, particularly if they wish to review the RQIA reports about the practice. This was discussed with Ms McKeefrey. A recommendation was made that the signage on the front of the building reflects the name of the practice.

In addition to hard copies, electronic copies of policies and procedures were available on the clarity information management system. The {my}dentist group have a Head of Compliance and Registration who is responsible for ensuring that policies and procedures are reviewed on a three 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 evidence provided in the returned questionnaire, discussion with Ms McKeefrey and review of documentation evidenced that complaints have been managed in accordance with best practice. As discussed previously the {my}dentist group have a dedicated patient support telephone line that patients could use to make a complaint.

As discussed 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 McKeefrey 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 McKeefrey demonstrated a clear understanding of her role as practice manager. 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 15 patients who submitted questionnaire responses indicated that they felt that the service is well managed. All 15 patients indicated that they were very satisfied with this aspect of the service. Comments provided included the following:

- “Excellent practice. Staff are extremely friendly and helpful. Well done to all”
- “Staff are great and very friendly”
- “Staff very friendly, efficient and very knowledgeable”
- “Staff are lovely, very informed at all levels”
- “Excellent service, staff all work well together, couldn’t recommend this place enough”

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

Areas for improvement

The signage on the front of the building should reflect the name of the practice.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms McKeefrey, practice manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to independent.healthcare@rqia.org.uk for assessment by the inspector.

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

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p>	<p>The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.</p>
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To be completed by:
30 June 2017

Response by registered provider detailing the actions taken:
a full review of handpiece dencontamination was carried out on the 11/7/2017 ,all handpieces that are compatiabile are now processed in the washer - retraining of staff documented and complete

Recommendation 2

Ref: Standard 1.4

Stated: First time

To be completed by:
30 July 2017

The registered person should ensure that the name of the practice on the signage on the front of the building reflects the name of the practice.

Response by registered provider detailing the actions taken:
request for new signage including name of the practice is now Logged with facilities, to be completed by 31 July 2017

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



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