Announced Care Inspection Report
31 October 2019

Rosconnor Clinic Derry

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: LisLinn Healthy Living Centre, Central Drive, Creggan, Derry, BT48 9QG
Tel No: 028 2766 2145
Inspector: Norma Munn

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

In respect of dental practices for the 2019/20 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- arrangements in respect of conscious sedation, if applicable
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection, if applicable

2.0 Profile of service

This is a registered dental practice with three registered places.

3.0 Service details

Organisation/Registered Provider: Portman Healthcare Limited **Responsible Individual:** Mr Mark Hamburger	**Registered Manager:** Mr Jason Henry (Acting)
Person in charge at the time of inspection: Ms Alison Rae, compliance facilitator for Portman Healthcare Limited	**Date manager registered:** 29 January 2018 (date appointed as acting)
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Three

Portman Healthcare Limited is the registered provider for ten dental practices registered with RQIA. Mr Mark Hamburger is the responsible individual for Portman Healthcare Limited.

4.0 Action/enforcement taken following the most recent inspection dated 21 August 2018

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

5.0 Inspection findings

An announced inspection took place on 31 October 2019 from 10.45 to 15.15.

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 (DoH) Minimum Standards for Dental Care and Treatment (2011).

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

During the inspection the inspector met with Ms Mandy Reid, registered manager for Rosconnor Specialist Dentistry Ballymoney, Ms Alison Rae, compliance facilitator for Portman Healthcare Limited, the clinic manager, two dentists and a dental nurse. A tour of the premises was also undertaken.

Several issues were identified in relation to the management of conscious sedation, radiology, infection prevention and control and decontamination, medical emergencies, complaints and the governance and oversight arrangements within the practice.

The findings of the inspection were provided to Ms Rae at the conclusion of the inspection.

As a result of the issues identified Mr Mark Hamburger, responsible individual for Portman Healthcare Limited was invited to attend an inspection feedback meeting at RQIA on 18 November 2019. Ms Ali Rae, compliance facilitator and Ms Amanda Codrington, head of compliance for Portman Healthcare Limited were also in attendance. The purpose of this meeting was to discuss the findings of the inspection and Mr Hamburger's plans to address the issues identified.

At the meeting Mr Hamburger, Ms Rae and Ms Codrington gave an account of the actions taken to address the issues identified within the practice in relation to the management of conscious sedation, radiology, infection prevention and control and decontamination and medical emergencies. Assurances were also given that the governance and oversight arrangements had been reviewed to include clear lines of accountability. This included increasing the employment hours of Ms Rae, compliance facilitator for Portman Healthcare Limited to ensure monitoring visits are undertaken in accordance with legislation, the introduction of a regional clinical lead to review incidents and complaints and the decision to appoint a new registered manager to be responsible for the day to day management of Rosconnor Clinic Derry.

Having considered the actions taken and assurances provided to ensure sustained compliance, one area for improvement has been made against the regulations and eight areas for improvement have been made against the standards to address the issues identified. These are detailed within this report.

RQIA will continue to monitor and review the quality of service provided in Rosconnor Clinic Derry and will carry out a follow-up inspection to assess compliance with these regulations and standards.

5.1 Management of medical emergencies

Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, the Glucagon medication was stored in the fridge and staff confirmed that the daily fridge temperatures had not been monitored or recorded. This issue had been identified during the previous inspection. This was discussed with staff and it was advised that if Glucagon is stored in the fridge, daily fridge temperatures should be undertaken and recorded. If Glucagon is stored out of the fridge a revised expiry date of 18 months from the date of receipt should be recorded on the medication packaging to show that the cold chain had been broken. An area for improvement against the standards has been made to ensure that Glucagon is stored in accordance with manufacturer's instructions.

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. The most recent occasion staff completed medical emergency refresher training was during December 2018.

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.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

Ensure that Glucagon is stored in accordance with manufacturer's instructions.

	Regulations	Standards
Areas for improvement	**0**	**1**

5.2 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Ms Rae confirmed that conscious sedation is provided in the form of Intravenous Sedation (IV) in Rosconnor Clinic Derry.

Review of care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

Staff confirmed that patients recovering from conscious sedation are assisted from the dental chair to a recovery area . On the day of the inspection a patient and an accompanying adult were seated in the recovery area and there was no member of staff supervising the patient. Ms Rae was advised that patients recovering from conscious sedation should be supervised and monitored by a member of the dental team in keeping with best practice. An area for improvement against the standards has been made.

Staff confirmed that the recovery area can accommodate up to three patients at any one time. In the recovery area the three recliner chairs used for patients recovering from conscious sedation were situated close by each other making it difficult for staff to access patients in an emergency situation, if required. A privacy screen had been installed at one end of the recovery area however, this was not in use on the day of the inspection and there were no privacy screens provided in between each recliner chair.

One of the blood pressure monitors was not working and there was no system in place to check that monitoring equipment had been maintained in working order.

These issues identified in relation to the environment and equipment were discussed with staff and it was advised that the environment and equipment in relation to conscious sedation should be reviewed in keeping with Conscious Sedation in The Provision of Dental Care (2003). An area for improvement against the standards has been made.

A policy and procedure in relation to the management of conscious sedation was in place. This policy should be reviewed to include the medication used in IV sedation, the specific arrangements in relation to the recovery area, the details of the staff who provide IV sedation in the practice, and the advanced planning arrangements to manage any risks that might arise due to multiple sedation cases being scheduled at the same time. An area for improvement against the standards has been made.

It was established that not all members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice. An area for improvement against the standards has been made.

Medicines used during IV sedation were appropriately stored. A system was in place for the ordering, administration, reconciliation and disposal of these drugs. Stock balance records were in place for the use of Midazolam. Advice was given to ensure that partly used Midazolam ampoules were disposed of appropriately and the practice is recorded.

The issues identified in relation to the management of conscious sedation were discussed during the inspection feedback meeting on 18 November 2019.

At this meeting Mr Hamburger assured RQIA that the arrangements for the management of conscious sedation in Rosconnor Clinic Derry would be reviewed and immediate action would be taken to address the issues identified.

Areas for improvement

All patients recovering from conscious sedation should be supervised and monitored by an appropriately trained member of the dental team in keeping with best practice.

A risk assessment should be undertaken to ensure the environment and the equipment in relation to conscious sedation is in keeping with Conscious Sedation in The Provision of Dental Care (2003).

All members of the dental team providing treatment under conscious sedation should have received appropriate training in keeping with best practice. A record of training should be retained and available for inspection.

The conscious sedation policy and procedure should be reviewed to include the medication used in IV sedation, the specific arrangements in relation to the recovery of patients in the recovery area, the details of the staff who provide IV sedation and the advanced planning arrangements to manage any risks that might arise due to multiple sedation cases being scheduled at the same time.

	Regulations	Standards
Areas for improvement	**0**	**4**

5.3 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas, was generally clean and tidy. However, some areas were observed to be cluttered especially the recovery area as previously discussed and this area should be reviewed. We were informed that the patient recovery area is also used as a staff room and office area. In the interest of infection control consideration should be given to ensuring that the patient recovery area is dedicated for this purpose only and not used as a staff facility.

Ms Rae and staff agreed to address this issue. Issues were identified in relation to infection prevention and control as follows:

- ensure that the patient recovery area is dedicated for this purpose only and not used as a staff facility
- colour coded cleaning equipment should be reviewed in keeping with the national patient safety agency cleanliness guidelines
- any surgical hand soap that has exceeded its expiry date should be disposed of
- all sharps boxes should be signed and dated on assembly
- the clinical waste bin in the decontamination room should be accessible in keeping with best practice

An area for improvement against the standards has been made.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

A review of the most recent IPS audit, completed during July 2019, evidenced that the audit had identified both areas of good practice and areas that require to be improved. It was confirmed that an action plan is developed and embedded into practice when shortfalls are identified during the audit process.

The audits are carried out by the clinic manager and one of the dental nurses and any learning identified as a result of these audits is shared with staff during staff meetings.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

Ms Rae confirmed that a record was retained to evidence the Hepatitis B vaccination status of the most recently recruited staff members. These records had been generated by an occupational health (OH) department. Ms Rae was aware that all new clinical staff members

new to dentistry recruited in the future should be referred to OH in keeping with best practice guidance.

Areas of good practice

Arrangements were in place to maintain evidence of staff vaccination status.

Areas for improvement

Address the infection prevention and control issues identified.

	Regulations	Standards
Areas for improvement	**0**	**1**

5.4 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas was available. The decontamination room was not solely dedicated to the decontamination of dental instruments. A washing machine was observed to be situated in the decontamination room and on enquiry the clinic manager confirmed that surgical drapes used during oral surgery and other items were being washed in the washing machine at the same time as the decontamination of dental instruments. This was discussed and it was advised that the practice of using the washing machine in the decontamination room should cease with immediate effect to ensure that this area is dedicated to the decontamination of dental instruments. It was also advised that the decontamination of linen should be reviewed in keeping with best practice guidance.

These issues were discussed during the inspection feedback meeting on 18 November 2019. At this meeting Mr Hamburger assured RQIA that the issues identified would be addressed. RQIA were informed that the washing machine had been removed from the practice and single use surgical drapes provided by a Central Services Sterile (CSSD) department will be used.

The decontamination process facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice 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.

Appropriate equipment, including a washer disinfector, an ultrasonic bath and two steam sterilisers, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the

written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Areas of good practice

A review of the current arrangements evidenced that in general best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	**0**	**0**

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is a cone beam computed tomography machine (CBCT), which is located in a separate room.

The radiation protection supervisor (RPS) was not present on the day of the inspection. Ms Rae confirmed that she was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

Two dedicated radiation protection files containing all relevant information were in place. Ms Rae confirmed that the RPS regularly reviews the information contained within the files to ensure that it is current.

The appointed RPA completes a quality assurance check for the intra-oral machines every three years. A review of the report of the visit dated 10 September 2019 by the RPA demonstrated that any recommendations made have been addressed.

A new intra-oral x-ray ray unit was installed in one of the surgeries during October 2019. There was no evidence that a critical examination and acceptance test had been undertaken and there was no evidence that the RPA had reviewed this. Following the inspection RQIA received confirmation that a critical examination and acceptance test had been undertaken on 17 October 2019. Ms Rae was advised to ensure that the RPA was satisfied with the critical examination and acceptance test carried out.

The appointed RPA completes a quality assurance check for the CBCT every year. A review of the report of the most recent visit dated 15 April 2019 by the RPA did not evidence that the recommendations made had been addressed. Following the inspection RQIA received confirmation that most of the recommendations have been addressed. An area for improvement against the standards has been made.

The issues identified in relation to radiology were discussed during the inspection feedback meeting. At the meeting assurances were given that the issues identified were in the process of being addressed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

The RPS takes a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that in general the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

All recommendations made by the RPA in relation to the CBCT should be addressed and evidence retained of the action taken.

	Regulations	Standards
Areas for improvement	**0**	**1**

5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. The policy directed patients to the complaints manager in Portman Healthcare Limited in England. The name of the person who deals with complaints at local level was not included in the policy and this information had not been made available for patients and/or their representatives. Discussion with staff identified some confusion in relation to who was responsible for the management of complaints. Ms Rae was advised to ensure that there was clear information available for staff and patients in relation to the name of the person who deals with complaints at local level within the practice. Ms Rae agreed to address this issue with immediate effect.

Review of the complaints records confirmed that arrangements were in place to manage complaints from patients, their representatives or any other interested party. Review of records pertaining to recent complaints evidenced that whilst there were details of some of the investigations undertaken retained, other information was difficult to access on the day of the inspection. Some of the records reviewed did not include an investigation or outcome of the complaint or the complainant's level of satisfaction. An audit of complaints had not been undertaken to identify trends, drive quality improvement and enhance service provision. This was discussed and an area for improvement against the standards has been made.

The issues identified in relation to the management of complaints were discussed during the inspection feedback meeting. At the meeting assurances we were informed that a new regional clinical lead had been appointed to review incidents and complaints and we were given assurances that complaints would be fully investigated and an audit of complaints would be undertaken to identify trends, drive quality improvement and enhance service provision.

Areas for improvement

Records of complaints should include the details of the investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. An audit of complaints should be undertaken to identify trends, drive quality improvement and enhance service provision.

	Regulations	Standards
Areas for improvement	**0**	**1**

5.7 Regulation 26 visits

Ms Rae confirmed that she undertakes unannounced visits on behalf of the registered provider as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. A report is produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. Ms Rae confirmed that the reports generated are reviewed by both Ms Codrington, head of compliance and Mr Mark Hamburger, responsible individual for Portman Healthcare Limited.

A review of the most recent report dated 17 and 18 September 2019 evidenced that Ms Rae had identified issues and an action plan had been developed to address the issues identified. Ms Rae confirmed that the template for these visits is continuously under review in order to improve the quality of services provided. However, the most recent report did not include the arrangements for the provision of IV conscious sedation and Ms Rae confirmed that the visits had not been carried out on a six monthly basis. An area for improvement against the regulations has been made.

The issues identified in relation to the Regulation 26 unannounced visits were discussed during the inspection feedback meeting on 18 November 2019. At this meeting we were advised that Ms Rae's hours had been increased to ensure Regulation 26 unannounced monitoring visits are undertaken in accordance with legislation. We were also informed that that the Regulation 26 visits would include review of the arrangements for the provision and management of conscious sedation.

Areas for improvement

The registered person shall ensure that six monthly unannounced visits by the responsible individual or their nominated representative, as outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, are carried out. The visit should include the arrangements for the provision and management of conscious sedation. Written reports of the unannounced visits should be available for inspection.

	Regulations	Standards
Areas for improvement	**1**	**0**

5.8 Overall management

Mr Jason Henry is currently the acting manager for Rosconnor Clinic Derry and nominated individual with overall responsibility for the day to day management of the practice. Mr Henry is a clinician in Rosconnor Clinic Derry and a clinician in Rosconnor Specialist Dentistry in Ballymoney. During a previous inspection in January 2018 discussions had taken place in respect of reviewing the overall day to day management of the Rosconnor Clinic in Derry and we were informed at that time that a new registered manager would be appointed. However a new registered manager had not been appointed and Mr Henry remained acting manager since January 2018.

The issues identified in relation to the governance and oversight arrangements of the practice were discussed during the inspection feedback meeting and assurances were given that actions have been taken to appoint a new registered manager. The new registered manager will work in the practice on a full time basis and will have overall responsibility for the day to day management of Rosconnor Clinic Derry. We were informed that an application would be submitted to RQIA in respect of a new registered manager following the inspection.

5.9 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with staff.

5.10 Patient and staff views

Fourteen patients submitted questionnaire responses to RQIA. Thirteen indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Thirteen patients indicated that they were either satisfied or very satisfied with each of these areas of their care. One patient indicated that they were very unsatisfied with each of these areas of their care however, they did not leave a comment or any contact details to discuss their level of dissatisfaction.

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff submitted questionnaire responses to RQIA.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**1**	**8**

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Ali Rae, compliance facilitator for Portman Healthcare Limited as part of the inspection process and at the inspection feedback meeting at RQIA on 18 November 2019. 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. 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.

6.1 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 26 **Stated:** First time **To be completed by:** 28 February 2020	The registered person shall ensure that six monthly unannounced visits by the responsible individual or their nominated representative, as outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, are carried out. The visits should include the arrangements for the provision and management of conscious sedation. Written reports of the unannounced visits should be available for inspection. Ref: 5.7
	Response by registered person detailing the actions taken: All Registered Provider Reports now include Conscious Sedation as part of the report.

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 31 October 2019	The registered person shall ensure that Glucagon is stored in accordance with manufacturer's instructions. Ref: 5.1
	Response by registered person detailing the actions taken: The Glucagen was reordered and delivered to practice. This is now held in the emergency Drug box and has a reduced expiry date. The Medical Emergency Policy has been amended to reflect this as requested.
Area for improvement 2 **Ref**: Standard 8.6 **Stated:** First time **To be completed by:** 31 October 2019	The registered person shall ensure that all patients recovering from conscious sedation are supervised and monitored by an appropriately trained member of the dental team in keeping with best practice. Ref: 5.2
	Response by registered person detailing the actions taken: All patients are monitored by an appropriately trained team member in the recovery area until they are fit for discharge.
Area for improvement 3 **Ref**: Standard 8.6 **Stated:** First time **To be completed by:** 30 November 2019	The environment and the equipment in relation to conscious sedation should be reviewed in keeping with Conscious Sedation in The Provision of Dental Care (2003). Ref: 5.2
	Response by registered person detailing the actions taken: There has now been a full sedation assessment audit completed for the practice and the actions from that audit have been addressed.
Area for improvement 4 **Ref**: Standard 8.6 **Stated:** First time **To be completed by:** 30 November 2019	The registered person shall ensure that all members of the dental team providing treatment under conscious sedation have received appropriate training in keeping with best practice. A record of training should be retained and available for inspection. Ref: 5.2
	Response by registered person detailing the actions taken: Training requirements have been clarified to all colleagues at the practice. A training requirements table has been introduced across the group to ensure al colleagues are aware of the required standards. A training record log is available.No colleague without the relevant training is allowed to provide conscious sedation in the practice
Area for improvement 5 **Ref**: Standard 8.5	The registered person shall ensure that the policy and procedure in relation to the management of conscious sedation is reviewed to include the medication used in IV sedation, the specific arrangements in relation to the recovery area, the details of the staff who provide IV

Stated: First time **To be completed by:** 30 November 2019	sedation and the advanced planning arrangements to manage any risks that might arise due to multiple sedation cases being scheduled at the same time. Ref: 5.2
	Response by registered person detailing the actions taken: This policy has now been amended to reflect the arrangements in the recovery area, team providing sedation and planning arrangement for making sure multiple sedation cases are not being scheduled at the same time.
Area for improvement 6 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 30 November 2019	The registered person shall ensure that the infection prevention and control issues identified as follows are addressed: • colour coded cleaning equipment should be reviewed in keeping with the national patient safety agency cleanliness guidelines • any surgical hand soap that has exceeded its expiry date should be disposed of • all sharps boxes should be signed and dated on assembly • the clinical waste bin in the decontamination room should be in keeping with best practice Ref: 5.3
	Response by registered person detailing the actions taken: All surgical soaps have been checked and are within their expiry date. All sharps boxes have been checked and are also labelled correctly. The Clinical Waste bin area has now had the lid sealed on the countertop and the foot control is now used at all times. All staff items have been removed from recovery area so this is now deemed as clinical, therefore the only mop and bucket needed is yellow in this area.
Area for improvement 7 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 30 November 2019	The registered person shall ensure that all recommendations made by the radiation protection advisor (RPA) in relation to the computed tomography machine (CBCT) are addressed and evidence retained of the action taken. Ref: 5.4
	Response by registered person detailing the actions taken: All actions that the RPA noted in the Annual report, have been addressed.
Area for improvement 8 **Ref**: Standard 9 **Stated:** First time **To be completed by:**	The registered person shall ensure that records of complaints include the details of the investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. An audit of complaints should be undertaken to identify trends, drive quality improvement and enhance service provision.

30 November 2019	Ref: 5.6
	Response by registered person detailing the actions taken: The Complaints Masterlog used at practice level now contains all the information regarding each complaint including details of communication with the complainant, outcome of complaint and the complainant's level of satisfaction. The Trends and Analysis Audit has now been completed and is held in the Derry practice and improvements made from the learnings of the complaint.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews