

Announced Care Inspection Report 31 January 2018



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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with three registered places.

3.0 Service details

Organisation/Registered Provider: Portman Healthcare Ltd Responsible Individual: Mr Mark Hamburger	Registered Manager: Mr Jason Henry (Acting)
Person in charge at the time of inspection: Mr Jason Henry	Date manager registered: 29 January 2018 (date appointed as acting)
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

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

4.0 Inspection summary

An announced inspection took place on 31 January 2018 from 11.00 to 15.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; The Independent Health Care Regulations (Northern Ireland) 2005; The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011; and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of safeguarding and the environment. Other examples included health promotion and engagement to enhance the patients' experience.

One area requiring improvement was identified against the regulations relating to staff recruitment. One area requiring improvement was identified against the standards relating to the provision of fire awareness training.

All of the patients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Jason Henry, manager; Ms Alison Rae, compliance facilitator for Portman Healthcare; and the practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent pre-registration care inspection dated 26 September 2016

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent pre-registration care inspection on 26 September 2016.

5.0 How we inspect

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

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

Questionnaires were provided to patients 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 Henry, acting manager; Ms Rae, compliance facilitator; the practice manager; one associate dentist; and two dental nurses.

The premises being used for the purposes of Rosconnor Clinic Derry is a number of rooms in a modern purpose built community healthy living centre. The dental practice is located on the ground floor with good access arrangements. A tour of the three surgeries and decontamination area on the ground floor 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 area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mr Henry, acting manager; Ms Rae, compliance facilitator; and the practice manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent pre-registration inspection dated 26 September 2016

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

6.2 Review of areas for improvement from the last care inspection dated 26 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 12.4 Stated: First time	Buccal midazolam, for administration in the event of a medical emergency, should be replaced with Buccolam pre-filled syringes in keeping with the Health and Social Care Board (HSCB) guidance.	Met

	<p>Action taken as confirmed during the inspection: A review of emergency medicines evidenced that Buccolam pre-filled syringes had been provided since the previous inspection; however, the quantity of Buccolam recommended by the HSCB had not been provided. Following the inspection RQIA received confirmation that the supply of Buccolam had been increased. This is discussed further in Section 6.4.</p>	
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6.3 Inspection findings

6.4 Is care safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Three dental surgeries are in operation in this practice. Two members of staff had indicated in the returned questionnaires that there were insufficient staff; however, staff spoken with during the inspection confirmed that staffing levels had improved since the questionnaires had been completed, new staff had been recruited and there were sufficient 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 two evidenced that induction programmes had been completed when new staff joined the practice.

Two members of staff had indicated in the returned questionnaires that appraisals had not taken place. However, staff spoken with during the inspection confirmed that appraisals had taken place and they felt supported and involved in discussions about their personal development. A review of a sample of two evidenced that appraisals had been completed on an annual basis.

There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

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 Henry and Ms Rae confirmed that five staff had been recruited since the previous inspection. A review of the personnel files for four of these staff demonstrated that not all the relevant information as

outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. One of the files reviewed did not contain a reference from the person's previous employer. This was discussed and assurances were given that when references are sought in the future, one of these would be from the person's present or most recent employer as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A review of documentation evidenced that AccessNI disclosure checks had been received for all five of the newly recruited staff. However, one of the members of staff had commenced employment twelve days before the AccessNI enhanced disclosure check had been received. This was discussed with Mr Henry and Ms Rae and they confirmed that since this member of staff was recruited more robust recruitment procedures have been implemented. Mr Henry and Ms Rae have given assurances that AccessNI enhanced disclosure checks will be undertaken and received prior to any new staff commencing work in the future. An area for improvement against the regulations has been made in this regard.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

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

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy Co-operating to Safeguard Children and Young People in Northern Ireland, the regional guidance document Adult Safeguarding Prevention and Protection in Partnership and the Adult Safeguarding Operational Procedures were available for staff reference.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). As discussed the quantity of Buccolam recommended by the HSCB had not been provided. A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the HSCB. Mr Henry advised that he will ensure that Buccolam will be administered safely in the event of an emergency and that sufficient doses will be provided as recommended by the HSCB and in keeping with the

BNF. Following the inspection RQIA received confirmation that the supply of Buccolam had been increased accordingly.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of paediatric pads for the automated external defibrillator (AED). Following the inspection RQIA received confirmation that these items had been ordered.

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

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

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

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. RQIA received confirmation following the inspection that the fabric covered chair observed in one of the surgeries had been removed and replaced with a wipeable chair, and any plugs observed in hand wash basins had also been removed. Some of the waste bins in clinical areas cannot be accessed using a non-touch technique. This was discussed and Mr Henry has agreed to review this and ensure that all waste bins in clinical areas are in keeping with best practice guidance. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including an ultrasonic bath, a washer disinfector and two steam sterilisers, has 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.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during January 2018.

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

Radiography

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

Dedicated radiation protection files containing the relevant local rules, employer's procedures and other additional information were retained. A review of the files 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 not all of the recommendations made had been addressed. This was discussed with Mr Henry and Ms Rae and following the inspection RQIA received confirmation that this issue had been addressed.

The intra-oral x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions. However, there was no evidence to confirm that the CBCT had been serviced and maintained in accordance with manufacturer's instructions. Following the inspection RQIA received confirmation that the CBCT had been serviced on 15 February 2018.

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 premises being used for the purposes of Rosconnor Clinic Derry is a number of rooms in a modern purpose built community healthy living centre. The dental practice is located on the ground floor with good access arrangements.

The environment was maintained to a good standard of maintenance and décor. Detailed cleaning schedules and a colour coded cleaning system was in place.

Arrangements were in place for maintaining the environment. Mr Henry confirmed that these fall under the remit of the landlord of the building.

A legionella risk assessment and a fire risk assessment had been undertaken and Mr Henry confirmed that these have been reviewed annually.

Staff demonstrated that they were aware of the action to take in the event of a fire. However, there was no evidence to confirm that all staff had attended recent fire awareness training or a fire drill. This was discussed and following the inspection RQIA received confirmation that a fire drill had been undertaken. An area for improvement against the standards has been made in respect of the provision of fire training.

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

Six 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.

Nine staff submitted questionnaire responses. Not all staff indicated that they felt that patients were safe and protected from harm. Six staff indicated they were very satisfied, one indicated that they were satisfied, one was undecided and one indicated they were very unsatisfied with this aspect of care. As discussed, comments were provided in respect of staffing levels and appraisals not taking place. However, staff spoken with during the inspection confirmed that staffing levels had improved and appraisals had been undertaken since the questionnaires had been completed.

Areas of good practice

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

Areas for improvement

AccessNI enhanced disclosure checks should be undertaken and received prior to any new staff commencing work in the future.

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

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Clinical records

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

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.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent.

The 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. A range of health promotion information leaflets was available in the reception area. Staff confirmed that oral health is actively promoted on an individual level with patients during their consultations with the dentists.

Audits

Staff confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. Ms Rae provided RQIA with a list of audits that had been completed during 2017 which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records
- implants
- periodontal
- medical history
- sedation
- review of complaints

Communication

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

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 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.

Eight 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 and one response was undecided. Seven staff indicated they were very satisfied, one indicated they were satisfied and one was undecided with this aspect of care. 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 clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity, respect and involvement in decision making

Staff demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient’s privacy is respected. Staff were observed to converse with patients 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 ensures that patients understand what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

One member of staff had indicated in the returned questionnaires that patients are not asked for their comments on the quality of service; however, Ms Rae confirmed that the practice undertakes patient satisfaction surveys on an annual basis. The most recent patient satisfaction report dated November 2017 was reviewed. Ms Rae confirmed that the practice pro-actively seeks the views of patients about the quality of treatment and other services

provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality.

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.

All 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. Eight staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. 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 maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance arrangements

Mr Henry is the acting manager for the practice and nominated individual with overall responsibility for the day to day management of the practice. However, Mr Henry is also the registered manager and clinician in Rosconnor Specialist Dentistry in Ballymoney. A discussion took place in respect of reviewing the overall day to day management of the Rosconnor Clinic in Derry. Following the inspection Ms Rae confirmed that Portman Healthcare are in the process of recruiting a new registered manager who will have overall day to day management of the Rosconnor Clinic in Derry.

Two members of staff had indicated in the returned questionnaires that there was poor communication between the management of the practice and staff. However, staff spoken

with during the inspection confirmed that this issue has been addressed. Staff confirmed that there is now a clear organisational structure within the practice. They were able to describe their roles and responsibilities and were aware of whom to speak to if they had a concern. Staff spoken with during the inspection confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The registered provider monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. The report of the most recent unannounced monitoring visit dated January 2018 was available for review.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically 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 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 Henry and Ms Rae 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.

Mr Henry 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. It was advised that the statement of purpose is further reviewed to include the organisational structure of not just the practice but to also include the organisational structure of Portman Healthcare. Ms Rae agreed to further develop this following the inspection.

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.

Six submitted staff questionnaire responses indicated that they felt that the service is well led; one response indicated that the service was sometimes well led; and two indicated that the service was not well led. Five staff indicated they were very satisfied; two indicated they were satisfied; one indicated that they were unsatisfied; and one indicated that they were very unsatisfied with this aspect of the service. Two members of staff had indicated that there was poor communication between the management of the practice and staff. However, staff spoken with during the inspection confirmed that this issue had been addressed.

Areas of good practice

There were examples of good practice found in relation to the management of complaints and incidents and quality improvement.

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 Henry, acting manager; Ms Rae, compliance facilitator; and the practice manager, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 2, as amended</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2018</p>	<p>The registered person shall ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff, commencing work in the future.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All future new staff will have an enhanced Access NI check done prior to commencing work in the future. This has been addressed within the team.</p>
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 12.5</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2018</p>	<p>The registered person shall ensure that all staff attend fire awareness training on an annual basis.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Fire Training will be arranged for team members and the monitoring of this needs improvement but the team are addressing this currently.</p>

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



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