

Announced Care Inspection Report 08 March 2018



Woodford Medical Ltd

Type of Service: Independent Hospital (IH) – Cosmetic Intense Pulsed Light (IPL) and Private Doctor Service.

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Inspector: Winnie Maguire

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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 an Independent Hospital (IH) providing a dermatological IPL service and a private doctor service.

IPL equipment:

Manufacturer: Palomar
 Model: Starlux 500 IPL
 Serial Number: 55-0209

Laser protection advisor (LPA) - Mr Godfrey Town

Laser protection supervisor (LPS) – Dr Mervyn Patterson/Ms Kerry Blain

Medical support services – Dr Mervyn Patterson**Authorised operators -** Dr Mervyn Patterson, Ms Kerry Blain**Types of treatment provided –** Photo rejuvenation, Epilation (hair removal)**3.0 Service details**

Organisation/Registered Provider: Woodford Medical Ltd	Registered Manager: Dr Mervyn Patterson
Responsible Individual: Dr Hilary Frances Allan	
Person in charge at the time of inspection: Dr Mervyn Patterson	Date manager registered: 26 January 2016
Categories of care: Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources and PD- Private Doctor	

4.0 Inspection summary

An announced inspection took place on 08 March 2018 from 14.00 to 16.30.

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 Care Standards for Independent Healthcare Establishments (July 2014).

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

Examples of good practice were evidence in all four domains. These relate to: IPL safety; client records; the environment; infection prevention and control; effective communication between clients and the authorised operators; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; and providing the relevant information to allow clients to make informed choices.

One area requiring improvement was identified against the regulations in relation to the registered person's monitoring visits in accordance to regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. This matter is further discussed in section 6.7 of this report.

Four areas requiring improvement were identified against the standards for a second time, in relation to updating: - the adult safeguarding policy, the resuscitation policy, the accident reporting policy and the client guide. A further area of improvement was identified against the standards in relation to undertaking update training in: - core of knowledge, adult safeguarding and basic life support.

Clients who submitted questionnaire responses indicated a high level of satisfaction with the services provided in Woodford Medical Ltd.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Dr Mervyn Patterson, registered 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.

4.2 Action/enforcement taken following the most recent care inspection dated 15 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 March 2017.

5.0 How we inspect

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

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

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection. RQIA invited staff to complete electronic questionnaires. No completed staff questionnaires were submitted to RQIA.

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

During the inspection the inspector met with Dr Patterson registered manager, and one other authorised operator.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 March 2017

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 15 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 14.1 Stated: First time	Update the recruitment and selection policy to fully reflect Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: The recruitment policy had been updated to reflect Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A further minor amendment was suggested in relation to the wording for the Enhanced AccessNI checks.	
Area for improvement 2 Ref: Standard 3 Stated: First time	Update the adult safeguarding policy to fully reflect the regional policy and guidance documents issued during July 2015 which staff should sign that they have read and understood.	Not met
	Action taken as confirmed during the inspection: Whilst the guidance document 'Adult Safeguarding, Prevention and Protection in Partnership' guidance was available in the policy file; the adult safeguarding policy had not been updated to fully reflect this regional guidance. This area of improvement is stated for a second time	

<p>Area for improvement 3</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p>	<p>The resuscitation policy should be re-named as the management of medical emergencies and include the arrangements for training, incident documentation and debriefing.</p>	<p>Not met</p>	
<p>Action taken as confirmed during the inspection:</p> <p>The resuscitation policy had not been amended as outlined above.</p> <p>This area of improvement is stated for a second time.</p>	<p>Met</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 22.15</p> <p>Stated: First time</p>		<p>Details on sharps boxes should be completed including the opening date.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the sharp boxes noted that the date of opening had been completed.</p>	<p>Area for improvement 5</p> <p>Ref: Standard 2.3</p> <p>Stated: First time</p>	<p>The consent form should be signed and dated by the client and the authorised operator.</p>	
<p>Action taken as confirmed during the inspection:</p> <p>The consent forms reviewed were noted to be signed and dated by the client and the authorised operator.</p>	<p>Area for improvement 6</p> <p>Ref: Standard 7.1</p> <p>Stated: First time</p>	<p>Amend the complaints procedure to reflect RQIA's role as a regulator only in relation to complaints management.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The complaints procedure was noted to reflect RQIA's role as a regulator in relation to complaints management.</p>			

Area for improvement 7 Ref: Standard 9.9 Stated: First time	Amend the accident reporting policy to include the reporting arrangements to RQIA.	Not Met
	Action taken as confirmed during the inspection: The accident reporting policy had not been amended to include the reporting arrangements to RQIA. This area of improvement is stated for a second time.	
Area for improvement 8 Ref: Standard 16.11 Stated: First time	Include details of the organisation, Public Concern at Work in the workers concern policy.	Met
	Action taken as confirmed during the inspection: The workers concerns policy included details of Public Concern at Work.	
Area for improvement 9 Ref: Standard 16.8 Stated: First time	Update the client guide to include details of how to access the most recent RQIA report.	Not Met
	Action taken as confirmed during the inspection: The client guide had not been updated. This area of improvement has been stated for a second time.	

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

Discussion with Dr Patterson and Ms Blain, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

It was confirmed that IPL treatments are only carried out by authorised operators. A register of authorised operators for the IPL is maintained and kept up to date.

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

A review of training records evidenced that the following up to date training had been undertaken:

- application training for the equipment in use, for both authorised operators
- basic life support, for one authorised operator
- infection prevention and control, for both authorised operators
- fire safety ,for both authorised operators
- core of knowledge, for one authorised operator
- adult safeguarding training had not been undertaken by the authorised operators

An area of improvement was identified against the standards in relation to ensuring both authorised operators have evidence of up to date training, in accordance to RQIA's training guidance, in core of knowledge, basic life support and adult safeguarding.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations. Discussion with Ms Blain and review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

Dr Patterson continues to be the only private doctor providing private doctor's services in the establishment. A review of Dr Patterson details confirmed there was evidence of the following:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with service provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- there was evidence of ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Recruitment and selection

There have been no authorised operators or private doctors recruited since the previous inspection. During discussion Dr Patterson confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

A recruitment policy and procedure which had been updated following the previous RQIA inspection, was in place which was comprehensive and reflected best practice guidance.

Safeguarding

Dr Patterson was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. He confirmed he would be acting as safeguarding lead for the establishment.

A policy was in place for the safeguarding and protection of adults. As previously stated the policy did not reflect the 'Adult Safeguarding, Prevention and Protection in Partnership' guidance. An area of improvement was identified against the standards for a second time on this matter. It was confirmed that the authorised operators had not undertaken adult safeguarding training commensurate with their roles. This matter is included in an area of improvement made in relation to training.

The establishment does not provide an IPL service or private doctor service to clients under the age 18 years.

IPL safety

A laser safety file was in place which contained all of the relevant information in relation to IPL equipment.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 12 January 2019.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Mervyn Patterson on 10 February 2018. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 13 January 2018 and no recommendations were made.

The laser protection supervisor (LPS) has overall responsibility for safety during IPL treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the IPL equipment is used, was found to be safe and controlled to protect other persons while treatment is in progress. The doors to the treatment room are locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

The establishment has an IPL register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 12 February 2018 was reviewed as part of the inspection process.

Management of emergencies

As discussed, there was evidence of only one of the authorised operators having up to date training in basic life support. This matter is included in an area of improvement made in relation to training. Discussion with staff confirmed they were aware of what action to take in the event of a medical emergency.

There was a resuscitation policy in place. On the previous inspection an area of improvement against the standards was made to re-title the policy as the management of medical emergencies and include arrangements for training, incident documentation and debriefing. The resuscitation policy had not been amended and this area of improvement is stated for a second time.

Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Dr Patterson and Ms Blain evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.

Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

Portable appliance testing had been carried out on 27 February 2018. A health and safety risk assessment had been conducted in February 2018 and fire risk assessment had been carried out in January 2018. Staff had completed fire safety training.

Client and staff views

Eighteen clients submitted questionnaire responses. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of the care. No comments were included in submitted questionnaire responses.

There were no submitted staff questionnaire responses

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision and appraisal, IPL safety, infection prevention and control, risk management and the environment.

Areas for improvement

Authorised operators should have evidence of up to date training, in accordance to RQIA’s training guidance, in core of knowledge, basic life support and adult safeguarding.

Update the adult safeguarding policy to fully reflect the regional policy and guidance documents issued during July 2015 which staff should sign that they have read and understood.

The resuscitation policy should be re-titled as the management of medical emergencies and include the arrangements for training, incident documentation and debriefing.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each IPL procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client’s general practitioner, with their consent, for further information if necessary.

Four client care records were reviewed relating to the IPL service. There was an accurate and up to date treatment record for every client which included:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)

- record of treatment delivered including number of shots and fluence settings (where appropriate)

Review of three patient care records relating to the private doctor service found that all entries were dated and signed by the medical practitioner and outlined a contemporaneous record of treatment provided.

Observations made evidenced that client and patient records were securely stored. A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection.

The establishment is registered with the Information Commissioners Office (ICO).

Communication

As discussed, there is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

The establishment has a policy for advertising and marketing which is in line with legislation.

It was confirmed that management is approachable and staff views and opinions are listened to.

Client and staff views

All clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

There were no submitted staff questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, and ensuring effective communication between clients 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 with decision making

Discussion with Dr Patterson and Ms Blain regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is provided in a private room with the client and authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in locked filing cabinets and electronic records are password protected.

Client satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate.

Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received. Some comments from clients included:

- “Informative and friendly.”
- “Great service.”
- “Very well informed consultation.”

Client and staff views

All clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

There were no submitted staff questionnaire responses

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining client confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients 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

Discussion took place in relation to the current organisational structure within the establishment. It was confirmed that Dr Hilary Allan, the registered person, no longer has any direct contact with Woodford Medical Ltd in Belfast. As a result there have been no monitoring visits conducted in accordance to regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. The matter was discussed at the previous inspection on 15 March 2017. During the previous inspection Dr Patterson agreed to review the matter and confirm the arrangements to ensure the role of registered person is fully in line with the legislation. On discussion with Dr Patterson during this inspection, he confirmed it was his intention to immediately submit an application to RQIA in relation to him undertaking the registered person's role. However, RQIA have not received any contact from Dr Patterson in relation to this matter.

An area of improvement was identified against the regulations with regards to the registered person fulfilling their responsibilities in accordance to regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Dr Patterson as the registered manager continues to have overall responsibility for the day to day management of the service.

Discussion with Dr Patterson demonstrated that arrangements were in place to review risk assessments including health and safety, fire risk and control of substances hazardous to health (COSHH).

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on annual basis. It was strongly advised to ensure that cognisance is taken of any previous areas of improvement highlighted by RQIA when reviewing policies and procedures, as three areas of improvement relating to updating policies and procedures have been stated for a second time during this inspection. Staff spoken with were aware of the policies and how to access them.

A copy of the complaints procedure was displayed in the establishment. Discussion with Dr Patterson demonstrated good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

It was confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. During the previous inspection an area of improvement was identified with regards to amending the accident reporting policy to include reporting arrangements to RQIA. As stated previously, the accident reporting policy had not been amended and this area of improvement is stated for a second time.

A system was 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.

Discussion with Dr Patterson and Ms Blain confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. It was confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

The 2017 clinical audit report was in place and included:-

- monthly notes audit
- IPL register audit
- complaints audit
- review of policies and procedures
- risk assessment
- adverse incidents
- adverse reaction audit
- IPC audit
- customer questionnaires
- staff appraisals

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

Dr Patterson demonstrated an understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose is kept under review, revised and updated when necessary and available on request. During the previous inspection an area of improvement was made to amend the client guide to include details of how to access the most recent RQIA report. The client guide had not been amended and this area of improvement is stated for a second time.

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

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

Client and staff views

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

There were no submitted staff questionnaire responses

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

The registered person must fulfil their responsibilities in accordance to regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Amend the accident reporting policy to include the reporting arrangements to RQIA.

Update the client guide to include details of how to access the most recent RQIA report.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dr Patterson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 IPL service and private doctor service. 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 and 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 Care Standards for Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 26 Stated: First time To be completed by: 8 May 2018	The registered person shall fulfil their responsibilities in accordance to regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. Ref: 6.7
	Response by registered person detailing the actions taken: Application for Dr Patterson to become the Responsible Person is now in progress.
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 3.1 Stated: Second time To be completed by: 8 April 2018	The registered person shall ensure that the adult safeguarding policy is updated to fully reflect the regional policy and guidance documents issued during July 2015 which staff should sign that they have read and understood. Ref: 6.4
	Response by registered person detailing the actions taken: Safeguarding Policy has been updated.
Area for improvement 2 Ref: Standard 18.1 Stated: Second time To be completed by: 8 April 2018	The registered person shall ensure that the resuscitation policy is re-titled as the management of medical emergencies and includes the arrangements for training, incident documentation and debriefing. Ref: 6.4
	Response by registered person detailing the actions taken: Resuscitation policy has been updated.

<p>Area for improvement 3</p> <p>Ref: Standard 9.9</p> <p>Stated: Second time</p> <p>To be completed by: 8 April 2018</p>	<p>The registered person shall ensure that the accident reporting policy is amended to include the reporting arrangements to RQIA.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The accident reporting policy has been amended.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 16.8</p> <p>Stated: Second time</p> <p>To be completed by: 8 April 2018</p>	<p>The registered person shall ensure that the client guide is updated to include details of how to access the most recent RQIA report.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The client guide has been updated.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p> <p>To be completed by: 8 June 2018</p>	<p>The registered person shall ensure that authorised operators have evidence of up to date training, in accordance with RQIA's training guidance, in core of knowledge, basic life support and adult safeguarding.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Training is in the process of being arranged.</p>

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



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