

Announced Care Inspection Report 07 August 2017



Twin Spires Dental Surgery

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

Address: 155 Northumberland Street, Belfast, BT13 2JF

Tel No: 028 90240635

Inspector: Stephen O'Connor

www.rgia.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

| | |
|--|---|
| <p>Organisation/Registered Persons: Mr David Bowen Mr Malachy Wallace</p> | <p>Registered Manager: Mr Malachy Wallace</p> |
| <p>Person in charge at the time of inspection: Mr David Bowen</p> | <p>Date manager registered: 09 August 2012</p> |

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|--|--|
| Mr Malachy Wallace | |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 3 |

4.0 Inspection summary

An announced inspection took place on 07 August 2017 from 09:50 to 12:30.

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 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 staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients’ experience and governance arrangements

An area requiring improvement against the standards was identified, this related to the development of logbooks in respect of prescription pads.

Most of the patients who submitted questionnaire responses indicated that they were 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 | 0 | 1 |

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 03 November 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 03 November 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 care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were submitted to RQIA during the week prior to the inspection. These were analysed after the inspection.

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

During the inspection the inspector met with Mr David Bowen and Mr Malachy Wallace, registered persons, a dental nurse and a receptionist. A tour of some areas of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

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

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 03 November 2016

The most recent inspection of the practice 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 03 November 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 13.4 Stated: First time | A logbook should be established for the vacuum steriliser and periodic tests undertaken and recorded as outlined in Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. | Met |
| | Action taken as confirmed during the inspection: It was observed that pre-printed logbooks are available for all equipment used to decontaminate reusable dental instruments. Review of the logbooks evidenced that they were fully completed in keeping with HTM 01-05. | |
| Area for improvement 2 Ref: Standard 8.3 Stated: First time | Arrangements should be established to ensure that x-ray equipment is serviced and maintained in accordance with manufacturer's instructions. | Met |
| | Action taken as confirmed during the inspection: Mr Bowen confirmed that the x-ray equipment had been serviced and maintained in accordance with the manufacturer's instructions. However, documentation to confirm this could not be located. On 09 August 2017 documentation was submitted to RQIA confirming that the x-ray equipment had been serviced and maintained on 20 December 2016. | |

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. Discussion with Mr Bowen, Mr Wallace and staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. It was confirmed that the practice organises for clinical staff to attend a training day which includes core Continuing Professional Development (CPD) topics as recommended by the General Dental Council (GDC).

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 Bowen confirmed that no new staff have been recruited since the previous inspection. It was 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.

There was a recruitment policy and procedure available. Mr Bowen confirmed the policy was comprehensive and reflected best practice guidance. Mr Bowen also confirmed that the practice has appointed an external Human Resources (HR) organisation to provide advice, support and guidance in all matters relating to HR.

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 as part of a core CPD training day during September 2016. 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).

One overarching policy was in place for the safeguarding and protection of adults and children at risk of harm. The policy 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. Mr Bowen confirmed that the safeguarding policy had been further developed to fully reflect the regional safeguarding policy and procedures.

It was confirmed that copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. 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. The most recent occasion staff completed medical emergency refresher training was during May 2017.

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

There was a policy for the management of medical emergencies and local procedures for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies. It was observed that in some clinical areas tiles have been used to create a splashback above worktops. Mr Bowen was advised that the use of tiles in clinical areas should be avoided and that this should be taken into consideration during the next planned refurbishment of surgeries.

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. Training records were available for inspection.

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant 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 July 2017.

A range of policies and procedures were 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. There was an orthopan tomogram machine (OPG) in a separate area, however, Mr Bowen confirmed the OPG had been decommissioned and is not in use.

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

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

The radiation protection advisor (RPA) completes a quality assurance check every three years. Discussion with Mr Bowen and review of the report of the most recent visit by the RPA evidenced that the recommendations made have been addressed.

As discussed, the x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

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

Environment

The environment was maintained to a good standard of maintenance and décor.

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

Arrangements are in place for maintaining the environment to include the routine servicing and maintenance of portable appliance testing of electrical equipment, air conditioning system, intruder alarm and firefighting equipment.

It was confirmed that the fire risk assessment was completed by an external organisation and this is reviewed in house on an annual basis. Mr Bowen confirmed that the landlord is responsible for the servicing and maintenance of the fire detection system and that routine checks are undertaken in respect of this system.

It was confirmed that a legionella risk assessment was undertaken by an external organisation during June 2016 and that this is reviewed in house annually. Water temperatures are monitored and recorded as recommended.

Review of records confirmed that the pressure vessels in the practice have been inspected in keeping with a written scheme of examination of pressure vessels during August 2017.

It was confirmed that 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. Mr Bowen confirmed that logbooks to record the receipt of new prescription pads and prescribing history had not been established. This has been identified as an area for improvement against the standards.

Mr Bowen was advised that separate logbooks should be developed. A logbook should be developed to record the receipt of new pads. This logbook should include the date of receipt, signatures of the two staff receiving the pads, the name of the prescribing dentist, a record of the first and last serial number of each pad and the date and means by which obsolete pads are disposed of. The prescribing history logbook should record the name of the prescribing dentist, the details of the patient, the date the prescription was issued and the unique serial number of the prescription.

Patient and staff views

Seventeen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Thirteen patients indicated they were very satisfied with this aspect of care; two indicated they were satisfied, one indicated that they were very unsatisfied and one did not provide a response. Comments provided included the following:

- "I've always felt content with treatment and safety with which it is provided."
- "I've always been afraid of the dentist, since I joined this one my dentist has made me feel safe and I trust him with myself and my children."
- "Not enough staff on Monday and Friday afternoons, Very busy at reception."
- "This is an excellent practice. Very welcoming and reassuring."

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

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, safeguarding, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

Areas for improvement

Separate logbooks should be developed to record the receipt of prescription pads and prescribing history.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.5 Is care effective?

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

Clinical records

Mr Bowen, Mr Wallace and staff confirmed that clinical records are updated contemporaneously during each patient’s treatment session in accordance with best practice.

Mr Bowen and Mr Wallace 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.

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. Mr Bowen confirmed the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

The practice is registered with the Information Commissioner’s Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Mr Bowen and Mr Wallace confirmed that oral health is actively promoted on an individual level with patients during their consultations. The practice promote regional and national campaigns such as national smile week and no smoking campaigns and educational printouts are available on the practice’s software system for individual patients in accordance with their needs. Mr Bowen confirmed that an intra-oral camera is available in the practice. The intra-oral camera helps

patients to see for themselves exactly what is happening their mouth and they can make informed decisions about what to do. The provision of an intra-oral camera exceeds best practice guidance.

Audits

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- review of complaints/accidents/incidents
- patient satisfaction

Communication

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

Staff meetings are held on a quarterly 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 17 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Thirteen patients indicated they were very satisfied with this aspect of care; three indicated that they were satisfied and one indicated that they were very unsatisfied. Comments provided included the following:

- “Always feel safe and staff very helpful.”
- “I’ve always felt the optimum service has been provided and that it was tailored to my needs at the time.”
- “Yes staff try their best to accommodate you and they are always helpful.”
- “Very satisfied with the care I get.”
- “I always feel involved in my care plan. Any concerns are always taken into consideration. I always feel that the best care is taken of me.”

All five 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 that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to 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 and conduct telephone enquiries in a professional and confidential manner.

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report dated May 2017 demonstrated 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 17 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Fourteen patients indicated they were very satisfied with this aspect of care; two indicated that they were satisfied and one did not provide a response. Comments provided included the following:

- “Yes always.”
- “Very much so.”
- “I really feel at the very centre of my care. The decisions made are always completely my decisions after all aspects of the work has been explained to me. My questions are always welcomed and answered fully.”

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

Areas of good practice

There were examples of good practice found in relation to 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

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Mr Bowen and Mr Wallace, registered persons have overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual 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. Mr Bowen confirmed that no complaints have been received for the period 1 April 2016 to 31 March 2017.

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 Bowen 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 Bowen and Mr Wallace, registered persons demonstrated a clear understanding of their 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 and patient's guide are kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

All 17 patients who submitted questionnaire responses indicated that they felt that the service is well led. Fourteen patients indicated they were very satisfied with this aspect of the service; two indicated that they were satisfied and one did not provide a response. Comments provided included the following:

- "The service is extremely well led and professional."
- "Always informed of any changes to my care."
- "From the reception staff to all other members of the team, I feel I am a valued patient. If I require emergency appointments I have always been accommodated. It is a wonderful and welcoming surgery."
- "I have been a patient of Mr Bowen for 2 years and have received the upmost care, 100%."

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mr David Bowen, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 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 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 to Independent.Healthcare@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)

| | |
|---|--|
| <p>Area for improvement 1</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 07 September 2017</p> | <p>Separate logbooks should be developed to record all relevant information in regards to the receipt and use of prescription pads.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken: Pricription policy has been established to include a precription process and the use of logbooks to record relevant information</p> |

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)