



The Regulation and
Quality Improvement
Authority

Waterside Dental
RQIA ID: 11728
7 Waterside
Coleraine
BT51 3DP

Inspector: Stephen O'Connor
Inspection ID: IN021254

Tel: 028 7034 2934

**Announced Care Inspection
of
Waterside Dental**

19 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 19 May 2015 from 10:00 to 12:05. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report. Some outstanding issues from the previous inspection also need to be addressed.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulation 2011, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 20 August 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	7

The details of the QIP within this report were discussed with the Mr Owen Thompson, registered provider, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Owen Thompson	Registered Manager: Mr Owen Thompson
Person in Charge of the Practice at the Time of Inspection: Mr Owen Thompson	Date Manager Registered: 2 November 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 5

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: staffing information, patient consultation report, and complaints declaration.

During the inspection the inspector met with Mr Thompson, registered provider, and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, job descriptions, contracts of employment, and two patient medical histories.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 20 August 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 20 August 2014.

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (3)</p> <p>Stated: First time</p>	<p>The following issues in relation to machines used during the decontamination process should be addressed.</p> <ul style="list-style-type: none"> • Establish a system to record the cycle parameters of the two non-vacuum sterilisers and the Statim steriliser. Ensure records are retained for not less than two years; and • Ensure that the logbooks for the machines used during the decontamination process fully reflect the periodic testing regime as outlined in HTM 01-05. <p>Action taken as confirmed during the inspection:</p> <p>Mr Thompson confirmed that he has made enquiries with a dental supplier in relation to retrofitting the two non-vacuum sterilisers and the Statim steriliser with data loggers. However, to date these machines have not been fitted with data loggers and there is no system in place to record the cycle parameters of these machines. Mr Thompson confirmed he is giving consideration to purchasing new sterilisers. It was observed that templates are used to record information in relation to the machines used to decontaminate instruments. Review of these templates demonstrated that all periodic tests in relation to the washer disinfectors are recorded. In relation to the DAC universal the details of the daily automatic control test (ACT) and the daily steam penetration test are not recorded. In regards to the two non-vacuum sterilisers and the Statim steriliser the details of the ACT are not recorded. This requirement has not been addressed and it has been stated for the second time.</p>	<p>Not Met</p>

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	In the interests of infection prevention and control the following issues should be addressed: <ul style="list-style-type: none"> • Fabric covered chairs should be removed from all clinical areas; and • Porous notice boards should be removed from all clinical areas. 	Met
	Action taken as confirmed during the inspection: It was observed that the fabric chair in surgery two has been replaced with a chair with a wipeable surface and that the porous noticeboard has been clad over to provide a surface that is easily cleaned. Mr Thompson confirmed that fabric chairs have been removed from all surgeries and that the porous noticeboards have been clad over.	

5.3 Medical and Other Emergencies

Is Care Safe?

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 the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF), and that in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed that Glucagon medication is not stored in the fridge and a revised expiry date had not been recorded on the packaging to reflect this. A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Mr Thompson confirmed that an automated external defibrillator (AED) is not available in the practice and that the practice had portable suction; however, this could not be located on the day of inspection.

Discussion with staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

Overall on the day of the inspection it was identified that some improvement is needed to ensure that the arrangements for managing a medical emergency are safe.

Is Care Effective?

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

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 practice policies and procedures.

Discussion with staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be effective.

Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

Areas for Improvement

Glucagon should be stored in keeping with the manufacturer's guidance.

Advice and guidance should be sought in regards to the provision of an AED.

Portable suction should be provided in keeping with the Resuscitation Council (UK) Guidance.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Recruitment and Selection

Is Care Safe?

Mr Thompson confirmed that the recruitment of staff is outsourced to a solicitor who specialises in human relations and therefore a recruitment policy and procedure has not been established.

Two staff have commenced work in the practice since the practice registered with RQIA. Mr Thompson confirmed that one of these staff members is self-employed and that he does not retain staff personnel files for self-employed staff. Therefore one staff personnel file was examined. The following was noted:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to commencement of employment;
- no written references were retained;
- details of full employment history, including an explanation of any gaps in employment;
- documentary evidence of qualifications;
- evidence of current GDC registration;
- criminal conviction declaration on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

It was noted that the original AccessNI disclosure certificate was retained in the practice; this was discussed with Mr Thompson as disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

Mr Thompson confirmed that he had received written references for the identified staff member; however he felt under Data Protection legislation it was appropriate to shred the references once he had reviewed them.

A staff register was not retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.

Mr Thompson confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of a sample of records demonstrated that the appropriate indemnity cover is in place.

Overall on the day of the inspection, it was identified that some improvement is needed to ensure recruitment and selection procedures are safe.

Is Care Effective?

As discussed previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

One personnel file was reviewed. It was noted that it included a contract of employment/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. A sample of one staff members file evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr Thompson confirmed that staff have been provided with a job description, contract of employment/agreement and have received induction training when they commenced work in the practice.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

Overall on the day of the inspection it was identified that some improvement is needed to ensure recruitment and selection procedures are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated further development is needed to reflect good practice in line with legislative requirements.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As discussed previously an original AccessNI disclosure certificate was; disclosure certificates should be disposed of in accordance with the AccessNI code of practice.

Discussion with staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

Overall on the day of the inspection recruitment and selection procedures were found to be compassionate.

Areas for Improvement

A recruitment policy and procedure that reflects best practice guidance should be developed.

AccessNI disclosure certificates should be handled in keeping with AccessNI's code of practice.

Staff personnel files for newly recruited staff including self-employed staff should include the information as indicated in regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005.

A staff register should be developed and retained.

Number of Requirements:	0	Number of Recommendations:	4
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5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Thompson, registered provider, the lead dental nurse and a dental nurse/receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Five were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a job description and contract of employment/agreement on commencing work in

the practice. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies. All five submitted staff questionnaires included comments as follows:

- “We have a practice handbook to consult if any queries and also Owen has an open door policy if we have any problems”.
- “Employer has an open door policy and staff handbook”.
- “Practice handbook available for any queries, however Owen has open door policy, so always available to help with enquiries”.
- “I have a practice handbook. Mr T has a open door policy”.
- “Owen has a open door policy and a practice handbook”.

5.5.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

5.5.3 Patient Consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. A copy of the most recent patient satisfaction report was not submitted to RQIA prior to the inspection.

Mr Thompson confirmed that the practice pro-actively seeks the views of patients about the quality of treatment they received. All patients are contacted by telephone two days after their treatment has been completed; the purpose of this telephone call is to elicit patient feedback in regards to treatment received. Mr Thompson confirmed that previously the practice used patient satisfaction surveys to elicit patient feedback; however as this methodology did not capture feedback from all patients a decision was taken to implement the current system. A record of the telephone contact and feedback received is recorded on the patient’s electronic notes. A review of electronic records confirmed this.

A recommendation was made the results of the patient consultation should be collated in a summative report and made available to patients.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Thompson, registered provider, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered persons from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 15 (3)

Stated: Second time

**To be Completed by:
19 July 2015**

The following issues in relation to machines used during the decontamination process should be addressed.

- Establish a system to record the cycle parameters of the two non-vacuum sterilisers and the Statim steriliser. Ensure records are retained for not less than two years; and
- Ensure that the logbooks for the machines used during the decontamination process fully reflect the periodic testing regime as outlined in HTM 01-05.

Response by Registered Person(s) Detailing the Actions Taken:

Data loggers have been ordered from Henry Schein and are due to be installed and validated the week beginning 27th July.

Recommendations

Recommendation 1

Ref: Standard 12.4

Stated: First time

**To be Completed by:
26 May 2015**

It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date should be recorded on the medication packaging and expiry date check list to reflect that the cold chain has been broken. If being stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.

Response by Registered Person(s) Detailing the Actions Taken:

The Glucagon medication was replaced on the day of inspection and the box correctly labelled with an expiry date, appropriately adjusted to account for storage outside of a refrigerated environment.

Recommendation 2

Ref: Standard 12.4

Stated: First time

**To be Completed by:
19 July 2015**

It is recommended that the following issues in relation to medical emergency equipment should be addressed:

- portable suction as recommended by the Resuscitation Council (UK) guidelines should be provided; and
- advice and guidance should be sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.

Response by Registered Person(s) Detailing the Actions Taken:

The portable suction was located after the inspector had left the practice, as it had been misplaced after a recent emergency training session with Survival LinX. I discussed with the staff regarding the

	<p>importance of ensuring that all equipment taken into various surgeries during training sessions must be returned on completion of training.</p> <p>The Dental Protection Society were contacted in relation to the necessity of an automatic external defibrillator. Their advice was that while the device was not compulsory, a risk assessment should be carried out in relation to the composition of the practice profile.</p> <p>At present we are carrying out this assessment and, on completion, a decision will be made as to its's necessity.</p> <p>A problem in the past has been the number of alerts coming from the department in relation to recalls of AEDs. The recalls are due to problems relating to various components of AEDs.</p> <p>It is therefore proposed that if a decision is made to acquire an AED, it will be leased to ensure that servicing, maintenance and upgrading is the legal responsibility of the leasing organisation. This will ensure potential problems that have existed in the past do not become an issue.</p>
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<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 19 July 2015</p>	<p>It is recommended that a recruitment policy is established. The policy and procedure should include the following information:</p> <ul style="list-style-type: none"> • Advertising and application process; • Shortlisting, interview and selection process; • Issuing of job description and contracts/agreements; • Employment checks including two written references, exploration of employment history including any gaps in employment; • Pre-employment checks including physical and mental health and AccessNI; and • Evidence of professional qualifications and GDC registration if applicable. <p>Response by Registered Person(s) Detailing the Actions Taken: The practice retains the services of a professional Human Resources consultant. Gill Fairley is a recognised Investors in People trainer and assessor and she helped guide the practice to liP accreditation in 2007.</p> <p>As and when required, all recruitment issues are dealt with by Gill on behalf of the practice. This ensures that up to date, professional procedures are followed at all times. All records are left with the practice on completion of the process and the successful appointment of a new employee. The documents for unsuccessful candidates are then shredded after an appropriate time in accordance with the Data Protection Act.</p>
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	<p>All documentation with the exception of the application form is subsequently shredded, as it is deemed to be superfluous to requirements, hence retention would be in breach of the Data Protection Act. This follows guidance from the GOV.UK website which states, "Only keep information for as long as you have a clear business need for it and dispose of it securely afterwards (eg by shredding)".</p> <p>In relation to the inspector's query Waterside Dental also does not retain any references. They are deemed to be irrelevant due to the fact that the applicant has been successfully employed and contracts supersede all the pre-employment documents. Future behaviour is outlined under the terms and conditions of the contract of employment, between the employer and the employee. The areas not covered by the contract are included in the employment handbook as compiled and updated by Gill Fairley. This was available for the inspector to view. The handbook content is outlined in the induction documentation and was available on the date of inspection.</p> <p>I believe this is the gold standard of dealing with recruitment and human resource issues applicable in a Small and Medium Enterprise environment.</p> <p>This recommendation raises a query in relation to the governance aspect of the regulators corporate standards.</p> <p>Has RQIA achieved Investors in People or an equivalent accreditation?</p> <p>I apologise this question is an oversight on my part. I assumed the regulator would be accredited, in order to validate its role in inspecting registered practices. I am however unable to find the accreditation mark on the website.</p> <p>If it is not accredited, is it in the long term corporate plan for RQIA to actively seek independent accreditation with Investors in People or another independently recognised body.</p>
<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 19 June 2015 and ongoing from date of inspection</p>	<p>It is recommended that AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>In the past certificates were kept in the personnel file as these directly related to patient safety. However on the recommendation of the inspector I was advised to dispose of these according to the Data Protection Act. The certificates were therefore shredded on the day of</p>

	inspection.
<p>Recommendation 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 19 June 2015 and ongoing from date of inspection</p>	<p>It is recommended that the following information should be retained in the personnel files of any newly recruited staff, including self-employed staff:</p> <ul style="list-style-type: none"> • positive proof of identity, including a recent photograph; • evidence that an enhanced AccessNI check was received prior to employment; • two written references; • details of full employment history, including an explanation of any gaps in employment; • documentary evidence of qualifications, where applicable; • evidence of current GDC registration, where applicable; • criminal conviction declaration on application; • confirmation of physical and mental health; and • evidence of professional indemnity insurance, where applicable. <p>Response by Registered Person(s) Detailing the Actions Taken: All the above information was available at inspection with the exception of references.</p> <p>All professional information relating to registration with the GDC is available live online, therefore paper certificates are only accurate on the date of printing and are out of date when compared to the live online version.</p> <p>All medical records are retained by the very efficeint Occupational Health Department in Coleraine. They advise on the status of vaccintions and boosters and organise any necessary recalls It is therefore superfluous for duplicate records to be stored at the practice whenever this information is avaiable on request.</p> <p>Information relating to gaps in employment prior to taking up a position in Waterside, is the responsibility of DBS (CRB) check. The Disclosing and Barring Service (DBS) has access to database information far beyond the scope of a General Dental Practitioner or SME. The only information we can ask is in relation to criminal conviction and this is recorded on the application form, which was available for inspection in the peronnel file. It is assumed that this question is answered honestly. Any discrepancies would be exposed by the DBS before employment commences.</p> <p>While it would be deemed ideal to be aware of previous gaps in employment, I feel it is an unreasonable recommendation of the inspector to labour the point "an explanation of any gaps in employment". It is my understanding that if any behaviour deemed a risk or inappropriate to the job role, it is the responsibility of the DBS to investigate and inform as deemed appropriate.</p>

<p>Recommendation 6</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 19 June 2015</p>	<p>It is recommended that a staff register should be developed and retained containing staff details including, name, date of birth, position; dates of employment; details of professional qualification and professional registration with the GDC, where applicable.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All of the above staff details are included in our staff contract of employment as drawn up by Gill Fairley, and the employees application form which are retained in the employment file. This file was available for examination by the inspector on the day.</p> <p>I therefore believe that Recommendation 6 is erroneous. As mentioned in previous sections, the basic details contained in the Contract of employment and the application form in combination with the live online registration data is adequate personal information and avoids storage of duplicate information thereby complying with the Data Protection Act. This was examined and passed by Investors in People when accreditation was achieved in</p> <p>GDC registration is a condition of employment and failure to be registered is a dismissable offence. This clause is written into the contract examined by the inspector.</p> <p>The GDC monitor and regulate the professional qualifications and it is their responsibility to check validity, as a condition of being accepted onto the dental register.</p> <p>All staff are checked bi annually to ensure online registration is up to date. Records are required only if registration is invalid or absent from the list. The procedure would follow the principle of incident analysis reporting and documentation. To date there have been no incidents.</p> <p>I feel it is duplication of information in a format preferred by the regulator to satisfy the inspection process, is not a valid criticism of our Human Resource profile.</p>
<p>Recommendation 7</p> <p>Ref: Standard 9</p> <p>Stated: First time</p> <p>To be Completed by: 19 July 2015</p>	<p>It is recommended that the results of the patient consultation should be collated in a summative report and made available to patients.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: As was shown at the inspection, every patient is contacted post treatment to ensure that there are no problems or queries in relation to the treatment carried out. In the light of the fact that this information is qualitative and treatment specific it is very difficult to collate with any degree of statistical relevance.</p> <p>Waterside had a quantitative system in the last cycle, however several</p>

	<p>patients felt it was a burden to fill in on top of our next day call back system. In light of this feedback, we terminated the quantitative research and focused on the call back approach. The only information differential between the 2 processes relates to having to pay for the car park at the rear of the practice; our comments have no influence on the running of the car park therefore this information is of little actual purpose. I feel that the information collated is more appropriate to our SME business model.</p> <p>I would however be happy to avail of any of RQIA's statistical expertise or if any of their statisticians have any more appropriate methods of analysing quantitative data in a format relevant to our practice's business model.</p>		
Registered Manager Completing QIP	Owen Thompson	Date Completed	05.07.15
Registered Person Approving QIP	Owen Thompson	Date Approved	05.07.15
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	21.07.15

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