

Announced Care Inspection Report 19 January 2018



Visodental

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 5 Pump Street, Derry, BT48 6JG
Tel no: 028 7130 8762
Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with two registered places.

3.0 Service details

Registered organisation/registered person: Ms Patricia Mullan	Registered manager: Ms Patricia Mullan
Person in charge of the practice at the time of inspection: Ms Patricia Mullan	Date manager registered: 26 February 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Two

4.0 Inspection summary

An announced inspection took place on 19 January 2018 from 09:50 to 12:45.

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 recruitment, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

An area of improvement made during the previous announced care inspection that a weekly protein residue test must be undertaken in respect of the DAC Universal has not been met and is stated for the second time. Four other areas of improvement against the standards have been made. These are to ensure staff have an annual appraisal, the safeguarding lead/champion undertakes formal training in safeguarding adults, staff complete medical emergency refresher training and to ensure that the results of periodic tests are recorded using a pen in keeping with the principles of good recording keeping.

All of the patients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided. Patient comments provided in submitted questionnaires included the following:

- “Lovely staff, nice place”

- “I have had extensive dental work completed by Patricia. She is an excellent dentist. I am more that satisfied with all aspects of care at Visodental and I highly recommend the practice.”

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	5

Details of the Quality Improvement Plan (QIP) were discussed with Ms Patricia Mullan, 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 22 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 February 2017.

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 also analysed prior to the inspection.

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

During the inspection the inspector met with Ms Patricia Mullan, registered person, a dental nurse and the practice manageress who also undertakes reception duties. A tour 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 Ms Mullan, registered person, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 February 2017

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 22 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) (d) Stated: Second time	<p>The registered person must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity must be added to the staff file reviewed.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with Ms Mullan and review of the submitted staffing information evidenced that no new staff have been recruited since the previous inspection. However, review of documents evidenced that various recruitment and selection templates to include a recruitment checklist have been developed to ensure that when new staff are recruited that all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 will be sought and retained.</p>	
Area for improvement 2 Ref: Regulation 15 (3) Stated: First time	<p>Ms Mullan must ensure that all equipment used to decontaminate reusable dental instruments is validated and arrangements established to ensure the equipment is revalidated in keeping with Health Technical Memorandum (HTM) 01-05.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of records evidenced that all equipment used during the decontamination process has been appropriately validated during April 2017. Discussion with Ms Mullan evidenced that she is fully aware of the validation schedule for the decontamination equipment in place.</p>	

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 weekly protein residue test must be undertaken in respect of the DAC Universal and results recorded in the machine logbook.	Not met
	Action taken as confirmed during the inspection: Review of the DAC Universal logbook, and discussion with Ms Mullan and a dental nurse evidenced that a weekly protein test in respect of the DAC Universal has not been undertaken. This area for improvement has not been met and is stated for the second time. Review of the machine logbooks evidenced that they had been completed in pencil as opposed to pen. This is not in keeping with best practice guidance. Additional information in this regard can be found in section 6.4 of this report.	
Area for improvement 2 Ref: Standard 14.4 Stated: First time	Ms Mullan should review the manufacturer's instructions and establish the servicing arrangements for all x-ray equipment in the practice. Records should be retained to confirm that the x-ray equipment has been serviced in keeping with the manufacturer's instructions.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that the most recent occasion the intra-oral x-ray machines were serviced was during April 2017. Ms Mullan confirmed that the intra-oral x-ray machines should be serviced every two years in keeping with the manufacturer's instructions.	

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

Two dental surgeries are in operation in this practice. Discussion with Ms Mullan 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. However, Ms Mullan confirmed that staff did not have an appraisal during 2017. This has been identified as an area for improvement against the standards. 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. However, a review of records confirmed that not all staff had attended medical emergency refresher training on an annual basis. This is discussed further within this section of the report.

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 Ms Mullan 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.

Safeguarding

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

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that the safeguarding lead intends to undertake formal training in safeguarding adults during a core training day. An area for improvement against the standards has been made in this regard.

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

It was confirmed that copies of the regional policy 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). However, the format of Midazolam in place was not in keeping with the format recommended by the Health and Social Care Board (HSCB). The Midazolam provided is due to expire at the end of January 2018. It was advised that the Midazolam is replaced with Buccolam pre filled syringes as recommended. A discussion took place in regards to the procedure for the safe administration of Buccolam and the various doses and quantities needed as recommended by the HSCB and the BNF. On 22 January 2018 Ms Mullan confirmed in an email that Buccolam pre-filled syringes in various doses and quantities had been ordered.

Review of medical emergency equipment evidenced 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 most recent occasion staff completed medical emergency refresher training was during July 2016. Staff should complete medical emergency refresher training on an annual basis. An area for improvement against the standards has been made to address this.

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.

A policy for the management of medical emergencies and protocols outlining the local procedure for dealing with the various medical emergencies were available for staff reference.

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.

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

There was a nominated lead with responsibility for infection control and decontamination. A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector, a DAC Universal and a steam steriliser have been provided to meet the practice requirements. As discussed 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 with the exception of a weekly protein residue test in respect of the DAC Universal. As discussed, this had been identified as an area for improvement during the previous care inspection. This area for improvement has not been addressed and is stated for the second time. It was also noted that the results of periodic tests were completed in pencil as opposed to pen. This is not in keeping with best practice and an area for improvement against the standards has been made to address this.

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 December 2017.

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

Radiography

The practice has two surgeries, each of which has an intra-oral x-ray machine.

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. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained during April 2017 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 high 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 the gas heating boiler, portable appliance testing (PAT) of electrical equipment, firefighting equipment and fire detection system.

A legionella risk assessment was in place and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken by an external organisation and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

Ms Mullan is aware that the fire and legionella risk assessments should be reviewed on an annual basis.

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

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All 19 patients indicated that they felt safe and were very satisfied with this aspect of care. Comments included in submitted questionnaire responses have been included in Section 4.0 of this report.

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

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, infection prevention control, radiology and the environment.

Areas for improvement

A weekly protein residue test should be undertaken in respect of the DAC Universal and results recorded in the machine logbook.

All staff should have an annual appraisal and records retained.

The safeguarding lead/champion should undertake formal training in safeguarding adults in keeping with best practice.

Medical emergency refresher training should be undertaken by all staff and arrangements established for annual refresher training.

Results of periodic tests should be recorded in pen in the machine logbooks.

	Regulations	Standards
Total number of areas for improvement	0	5

6.5 Is care effective?

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

Clinical records

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

Ms Mullan confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

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

Policies were available in relation to records management, data protection and confidentiality and consent. Ms Mullan confirmed that 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. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. Oral health and hygiene information leaflets are available in the practice and models and an electronic educational package are used for demonstration purposes during discussions. A range of oral health products are available for purchase in the practice and free samples of toothpaste and mouth wash are distributed. Two intra-oral cameras are available for use which help patients to see for themselves exactly what is happening in their mouth so that they can make informed decisions regarding their treatment options. A television in a patient waiting room plays slideshows promoting oral health and information about the practice. Visodental also has a Facebook page which includes information in relation to oral health and hygiene.

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

Communication

Ms Mullan 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 monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

All 19 patients who submitted questionnaire responses indicated that they felt their care was effective and indicated they were very satisfied with this aspect of care.

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

Areas of good practice

There were examples of good practice found in relation to 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 September 2017 demonstrated that the practice proactively 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.

Patient and staff views

All 19 patients who submitted questionnaire responses indicated that they felt they were treated with compassion and indicated they were very satisfied with this aspect of care.

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

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance arrangements

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. Ms Mullan is the person with 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. The returned questionnaire indicated 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.

Ms Mullan 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.

Ms Mullan, registered person, demonstrated a clear understanding of her 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 19 patients who submitted questionnaire responses indicated that they felt their care is well led/managed and indicated they were very satisfied with this aspect of the service.

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

Areas of good practice

There were examples of good practice found in relation to 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Patricia Mullan, 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 via Web Portal for assessment by the inspector.

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 13.4</p> <p>Stated: Second time</p> <p>To be completed by: 19 January 2018</p>	<p>A weekly protein residue test must be undertaken in respect of the DAC Universal and results recorded in the machine logbook.</p> <p>Ref: 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p><i>Staff meeting called & discussed again with staff. Lead advised of responsibility to complete</i></p>
<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 19 March 2018</p>	<p>The procedure for the appraisal of staff performance should be reintroduced and records of appraisal retained.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p><i>This procedure has been formalised with records & reviews of appraisal and agreed improvement plans / further training requirements</i></p>
<p>Area for improvement 3</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 19 March 2018</p>	<p>The safeguarding lead/champion should complete formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p><i>- 14/6/18 Course attended included this topic - Currently pursuing formal training as unable to attend</i></p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.2</p> <p>Stated: First time</p> <p>To be completed by: 19 February 2018</p>	<p>Medical emergency refresher training must be completed by staff at the earliest opportunity. Arrangements should be established to ensure that staff undertake medical emergency refresher training on an annual basis.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p><i>Survival Linx Training Completed on</i></p>

<p>Area for improvement 5</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 19 January 2018</p>	<p>The results of periodic tests and all records in relation to the operation of the practice should be completed in pen in keeping with the principles of good recording keeping.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff meeting and discussed & agreed above</p>
---	--

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews