

Announced Care Inspection Report 1 September 2017



Donaghadee Dental Practice

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

Address: 55-57 High Street, Donaghadee, BT21 0AQ

Tel No: 02891882572

Inspector: Lynn Long

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 two registered places, providing NHS and private dental care and treatment.

3.0 Service details

Organisation/Registered Provider: Dental World 1 Limited Responsible Individual(s): Dr Ritu Dhariwal	Registered Manager: Mrs Jo-Ann Ferguson
Person in charge at the time of inspection: Mrs Jo-Ann Ferguson	Date manager registered: 7 December 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

Dental World 1 Limited is the registered provider for four dental practices registered with RQIA. Dr Ritu Dhariwal is the responsible person for Dental World 1 Limited.

Mrs Jo-Ann Ferguson is the registered manager for Donaghadee Dental Practice and two other dental practices owned by Dental World 1 Limited.

4.0 Inspection summary

An announced inspection took place on 1 September 2017 from 10.00 to 13.30.

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.

Three areas for improvement were identified and if implemented will further enhance the service provided. These were to review the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) to ensure that the levels of safeguarding training undertaken by the staff are at the relevant level, to provide Automated External Defibrillator (AED) pads for use with children and that a report of the registered providers six monthly unannounced monitoring visit is produced and made available for inspection.

One patient questionnaire was completed and returned. The information contained within the questionnaire indicated that the patient was very satisfied with all aspects of care at this dental 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	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Jo-Ann Ferguson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 7 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 December 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 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 Mrs Jo-Ann Ferguson, registered manager, two dentists, two dental nurses and the receptionist. 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 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 7 December 2016

The most recent inspection of the practice was a combined care and estates pre-registration inspection. The completed QIP's from the care and estates elements of the inspection were returned and approved by the relevant inspectors.

6.2 Review of areas for improvement from the last care inspection dated 7 December 2016

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		
<p>Area for improvement 1</p> <p>Ref: Regulation 15 (1)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that a review of the radiation protection file is undertaken and actions implemented to address the following issues identified:</p> <ul style="list-style-type: none"> the report made by the RPA in 2014 must be made available to review and any recommendation made by the RPA should be addressed the employer's procedures must reflect all of the relevant components staff should be authorised by the radiation protection supervisor (RPS) to undertake their relevant responsibilities 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of the radiation protection file and discussion with the radiation protection supervisor (RPS) confirmed that the most recent visit by the appointed radiation protection advisor (RPA) was May 2017. All of the recommendations made by the RPA had been addressed. It was agreed that the radiation protection advisor would sign the report confirming the actions taken to address the recommendations.</p> <p>A review of the employer's procedures confirmed that they reflected all of the relevant components and staff had been authorised by the RPS for their relevant duties.</p> <p>This area for improvement has been met.</p>	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 1</p> <p>Stated: First time</p>	<p>The statement of purpose (SOP) should be further developed to include the following as outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005:</p> <ul style="list-style-type: none"> • relevant experience of the registered provider and the registered manager • the arrangements in the event of a patient being dissatisfied with the outcome of a complaints investigation <p>The revised copy of the SOP should be submitted to RQIA upon return of the QIP.</p> <p>Action taken as confirmed during the inspection: It was confirmed that the statement of purpose had been submitted to RQIA following the previous inspection and reflected all of the matters as outlined.</p> <p>This area for improvement has been met.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 1</p> <p>Stated: First time</p>	<p>The patient guide should be further developed to fully reflect the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>The revised copy should be submitted to RQIA upon return of the QIP.</p> <p>Action taken as confirmed during the inspection: It was confirmed that the patient guide had been submitted to RQIA following the previous inspection and reflected all of the matters as outlined.</p> <p>This area for improvement has been met.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 9</p> <p>Stated: First time</p>	<p>The complaints policies and procedures should be further developed to reflect that patients who remain dissatisfied with the outcome of the complaints investigation in respect of NHS dental care and treatment can refer to the Northern Ireland Public Services Ombudsman only and in respect of private</p>	Met

	<p>dental care and treatment, the Dental Complaints Service only.</p> <p>In addition the details of the Health and Social Care Board (HSCB) and the General Dental Council (GDC) should be included as other agencies that may be utilised within the complaints investigation at local level. The details of RQIA should also be included as a body who take an oversight view of complaints management.</p> <p>The revised copies should be submitted to RQIA upon return of the QIP.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The following policies and procedures should be further developed in accordance with legislative and best practice guidance as discussed in the body of the report:</p> <ul style="list-style-type: none"> • safeguarding children and adults at risk of harm • recruitment and selection • records management – retention schedule • health and safety • underperforming and whistleblowing • infection control <p>Policies should be indexed in topical areas such as infection control, records management, human resources et cetera to ensure that staff have easy access to all relevant policies within a specific topic area or be cross referenced to associated relevant policies.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of the policies and procedures file confirmed that they had been indexed and were retained in topical areas. The policies were accessible to staff and were retained in a</p>	<p>Met</p>

	<p>manner which made them easy to navigate.</p> <p>The policies outlined above had been further developed in accordance with legislative and best practice guidance.</p> <p>This area for improvement has been met.</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p>	<p>The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer’s instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager and the dental nurse, who takes the lead in relation to decontamination, confirmed during discussions that all dental handpieces are being processed in the washer disinfector.</p> <p>This area for improvement has been met.</p>	Met
<p>Area for improvement 6</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The log books for the washer disinfector and the steam steriliser and any further equipment used in the decontamination process should include the accurate details of the machines as outlined in HTM01-05.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of the separate log books for the washer disinfector and steriliser confirmed that they included accurate details of the machines as outlined in the Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.</p> <p>This area for improvement has been met.</p>	Met
<p>Area for improvement 7</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p>	<p>The following issues in relation to infection prevention and control should be addressed in keeping with best practice guidance :</p> <ul style="list-style-type: none"> • the flooring in surgery 1 should be sealed where it meets the cabinetry • all bins in clinical areas should be foot or sensor operated 	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Since the previous inspection one of the two surgeries has undergone a full refurbishment. The second surgery is also scheduled for refurbishment in the near future.</p> <p>The flooring in surgery one has been sealed where it meets the cabinetry and all bins in clinical areas were foot operated.</p> <p>This area for improvement has been met.</p>	
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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. The dental practice has a third surgery that is not yet operational. Mrs Ferguson is aware of the need to make application for variation of registration should they wish to bring the third surgery into operation. Discussion with 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.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one for a new member of staff evidenced that it was comprehensive and had been completed when the new staff member joined 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.

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 Mrs Ferguson confirmed that one member of staff had been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. Mrs Ferguson confirmed that she had checked the details of the

AccessNI enhanced disclosure for this staff member however, she had not signed to confirm that it had been checked. The importance of signing to confirm that the AccessNI enhanced disclosure information had been reviewed and checked by the registered manager was discussed. Discussion also took place regarding the documentation in use for potential applicants in respect of their physical and mental fitness. The current documentation does not prompt staff in relation to certain health conditions. Mrs Ferguson agreed to further develop the current documentation.

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

Safeguarding

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

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Mrs Ferguson is the safeguarding lead in the practice. It was not clear if the level of training undertaken by Mrs Ferguson was in keeping with the NIASP training strategy (revised 2016). An area for improvement against the standards has been made. Following the inspection the NIASP training strategy document was forwarded to Mrs Ferguson for information.

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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of AED pads for use with children. An area for improvement against the standards has been made.

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

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

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

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

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. 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. 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 steam steriliser have 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 HTM 01-05.

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. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room. It was confirmed during discussion with Mrs Ferguson that the OPG machine is not currently operational.

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 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 RPA completes a quality assurance check every three years. Review of the report of the most recent visit in May 2017 by the RPA identified that a number of recommendations had

been made. Discussion with the RPS and Mrs Ferguson and a review of information demonstrated that the recommendations made have been addressed. It was suggested that the RPS sign and date when recommendations made have been addressed.

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. The fire risk assessment, legionella risk assessment and written scheme of examination of pressure vessels were reviewed. Water temperatures are monitored and recorded as recommended.

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.

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

One patient submitted a questionnaire response to RQIA. They indicated that they felt safe and protected from harm and were very satisfied with this aspect of care. The following comment was provided:

- 'Mr xxxx is friendly, competent and it's very clean'.

Five 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 two indicated they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- 'I feel as a team we are well trained in this area, and working together the patients are protected from harm'.

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

To further enhance the training that has already been undertaken in adult safeguarding review the NIASP training strategy (revised 2016) to ensure that the levels of training undertaken by the staff are at the relevant level.

Provide AED pads for use with children.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

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

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

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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. There was information available in regards to oral health promotion in the waiting area for patients to avail off. The practice has recently engaged the services of a hygienist who is due to commence work in the near future. Mrs Ferguson and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

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
- clinical waste management
- clinical records
- review of complaints/accidents/incidents

Communication

Mrs Ferguson and staff 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 regular 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 in house training sessions.

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

A breaking bad news policy in respect of dentistry was in place.

Patient and staff views

The patient who submitted a questionnaire response indicated that they get the right care, at the right time and with the best outcome for them. They indicated they were very satisfied with this aspect of care. The following comment was provided:

- 'All discussed with me, clearly and understandably'.

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. Three staff indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Staff spoken with during the inspection concurred with this. The following comment, regarding whether or not the member of staff thought that patients get the right care, at the right time and with the best outcome for them, was provided:

- 'Always'

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 June 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 which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

The patient who submitted a questionnaire response indicated that they are treated with dignity and respect and are involved in decision making affecting their care. They indicated that they were very satisfied with this aspect of care. The following comment was provided:

- 'As before – welcoming staff from the front desk to the dental nurses and the dentist, recommended to me and worth travelling to attend'.

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. Four 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. In response to whether or not the

staff thought that patients are treated with dignity and respect the following comments were provided:

- 'Always'.
- 'Treated very well'.

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.

Mrs Ferguson is the nominated individual with overall responsibility for the day to day management of the practice. As outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005 the registered provider, or someone nominated by them, should undertake a visit to the premises on at least a six monthly basis to monitor the quality of services. A report of the monitoring visit should be produced and made available for inspection. The practice has been registered since December 2016 and Mrs Ferguson confirmed that visits have taken place. However, there were no reports available from the most recent monitoring visit to the practice. An area for improvement against the standards has been made.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed annually. 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 Ferguson 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.

Mrs Ferguson as registered manager 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

The patient who submitted a questionnaire response indicated that they felt that the service is well led and was very satisfied with this aspect of the service. The following comment was provided:

- 'The practice has changed hands whilst I have been a patient. The dentist I see now (under the NHS) is terrific. In all the years I have been going to the dentist in different parts of the UK, he's the first one I've been aware of checking my cheeks, hard and soft palate, mouth generally as well as my teeth. He has also given me general practical advice about maintaining my teeth/gum health. The management and admin is good. I get text messages reminder and a print out of the treatment I've had and the cost. Best dentist (and team) I've had in years!'

All five submitted staff questionnaire responses indicated that they felt that the service is well led. Four 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. In response to whether the service was well led staff comments included the following:

- 'Yes very well'
- 'Very much so'

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

A report of the registered providers six monthly unannounced monitoring visit should be produced and made available for inspection.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall review the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) to ensure that the levels of training undertaken by the staff are at the relevant level.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>We have reviewed this and although we have all carried out level 2 in isopharm Safeguarding the managers are also going to attend the next available NIMDTA course for Safeguarding. This will be completed before March 18</p> <p>We also discuss and go through our safeguarding policy and procedures at our monthly meeting and all new staff are inducted accordingly.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall provide Automated External Defibrillator pads for use with children.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Paediatric pads that are suitable for our Simucare Defibrillator have now been received.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 11.8</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2017</p>	<p>The registered person shall ensure that the report of the six monthly unannounced monitoring visits is retained and available for inspection.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An unannounced inspection was carried out on the 14th December by Monica Shah our compliance manager. I believe the outcome of the inspection has been forwarded to RQIA. The next inspection will be carried out sometime in June 18</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