

Announced Care Inspection Report 06 October 2016



Alan Parker & Associates Dental Practice

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

Address: 339 Cregagh Road, Belfast, BT6 0LE

Tel no: 028 9079 2729

Inspector: Winnie Maguire

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Alan Parker & Associates Dental Practice took place on 6 October 2016 from 10.00 to 14.00

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Observations made, review of documentation and discussion with Ms Jacqui Busby, Practice Manager, Mr Alan Parker, Registered Person and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Recommendations were made in relation to the decontamination of hand pieces, the introduction of formal staff appraisals and the re-establishing of annual justification and clinical evaluation audits

Is care effective?

Observations made, review of documentation and discussion with Mrs Busby, Mr Parker and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. A recommendation was made to hold regular staff meetings and provide minutes of the meetings.

Is care compassionate?

Observations made, review of documentation and discussion with Ms Busby, Mr Parker and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. A recommendation was made to devise a whistleblowing policy.

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) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Busby, Practice Manager and briefly with Mr Parker, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 03 August 2015.

2.0 Service details

Registered organisation/registered person: Alan Parker & Associates Dental Practice Mr Alan Parker	Registered manager: Mr Alan Parker
Person in charge of the practice at the time of inspection: Mrs Jacqui Busby –practice manager	Date manager registered: 08 November 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mrs Busby, Practice Manager, briefly with Mr Parker, Registered Person and a dental nurse. A tour of some of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 03 August 2015

The most recent inspection of the practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 03 August 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be Completed by: 3 August 2015	The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice.	Met
	Action taken as confirmed during the inspection: Review of two personnel files confirmed AccessNI checks had been undertaken and received prior to staff commencing work.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.2 Stated: First time To be Completed by: 3 November 2015	It is recommended that arrangements are established for non-clinical staff to be provided with management of medical emergencies training which should be updated on an annual basis as outlined in the Minimum Standards for Dental Care and Treatment (2011).	Met
	Action taken as confirmed during the inspection: Training in management of medical emergencies has been arranged for non-clinical staff on 28 October 2016	
Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 3 October 2015	It is recommended that the availability of an automated external defibrillator (AED) should be reviewed. Mr Parker should seek advice and guidance from his medico-legal advisor in this regard.	Met
	Action taken as confirmed during the inspection: An AED has been purchased by the practice and staff have received training on it's use.	
Recommendation 3 Ref: Standard 12.4 Stated: First time To be Completed by: 3 September 2015	It is recommended that a revised expiry date of 18 months from the date of receipt of the drug should be identified on the current Glucagon medication and any future doses if not stored in the fridge. If future doses of Glucagon are to be stored in the fridge, daily fridge temperatures should be retained to evidence that it is stored between 2 and 8 degrees centigrade as per manufacturer's instructions.	Met
	Action taken as confirmed during the inspection: Glucagon was observed to be stored in line with best practice and oropharyngeal airways were in place; all were within their expiry date.	

<p>Recommendation 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 3 August 2015</p>	<p>It is recommended that information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited. In addition to the information currently retained this should include:</p> <ul style="list-style-type: none"> • evidence that an enhanced AccessNI check was received prior to commencement of employment; • two written references; • details of full employment history, including an explanation of any gaps in employment; • criminal conviction declaration on application; and • confirmation that the person is physically and mentally fit to fulfil their duties. 	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 3 November 2015</p>	<p>Action taken as confirmed during the inspection: Review of two staff personnel files confirmed all information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been retained with the exception of a written reference. An electronic copy of the outstanding written reference was forwarded to RQIA following inspection. Advice was also given on retaining information on the provision of AccessNI checks.</p>	
<p>Recommendation 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 3 November 2015</p>	<p>It is recommended that the recruitment policy and procedure is further developed to include reference to job descriptions, contracts of employment and criminal conviction declarations to ensure it is comprehensive and reflects best practice guidance.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: A recruitment policy had been devised. A range of amendments were suggested and an electronic copy of the amended policy was forwarded to RQIA following inspection.</p>	

Recommendation 6 Ref: Standard 11.3 Stated: First time To be Completed by: 3 August 2015	<p>It is recommended that formalised induction programmes are developed for any new staff commencing work in the practice relevant to their specific roles within the practice. The management of medical emergencies should be included in all induction programmes.</p> <p>Action taken as confirmed during the inspection: A formalised induction programme which includes management of medical emergencies has been devised. Two completed induction programmes were reviewed.</p>	Met
Recommendation 7 Ref: Standard 11.1 Stated: First time To be Completed by: 3 November 2015	<p>It is recommended that job descriptions should be developed in respect of the various roles of staff and provided to staff.</p> <p>Action taken as confirmed during the inspection: Job descriptions have been devised and provided to staff.</p>	
Recommendation 8 Ref: Standard 11 Stated: First time To be Completed by: 3 September 2015	<p>It is recommended that enhanced AccessNI disclosure certificates must be disposed of in keeping with the AccessNI code of practice and a record retained of the staff member's name, the dates the check was applied for and received, the unique identification number and the outcome of the check.</p> <p>Action taken as confirmed during the inspection: AccessNI checks are disposed of in keeping with the AccessNI code of practice. Following further advice it was confirmed that a record is retained of the staff member's name, the dates the check was applied for and received, the unique identification number and the outcome of the check.</p>	Met
Recommendation 9 Ref: Standard 11 Stated: First time To be Completed by: 3 September 2015	<p>It is recommended that a staff register is developed containing staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable.</p> <p>Action taken as confirmed during the inspection: A staff register has been devised as outlined above.</p>	

4.3 Is care safe?

Staffing

Three dental surgeries are in operation in this practice. 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 two evidenced that induction programmes had been completed when new staff joined the practice.

Mrs Busby and staff confirmed that they meet annually to discuss pay increases but no formal staff appraisal is undertaken. A recommendation was made to establish formal annual staff appraisal which should be fully documented. 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 Busby confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained with the exception of a written reference for one staff member.

An electronic copy of the outstanding written reference was forwarded to RQIA following inspection. Advice was also given on retaining information on the provision of AccessNI checks.

Following the last inspection a recruitment policy had been devised. A range of amendments were suggested and an electronic copy of the amended policy was forwarded to RQIA following inspection.

Safeguarding

Staff spoken with 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. Ms Busby confirmed she is to attend safeguarding training in March 2017.

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

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 a paediatric self-inflating bag with reservoir and paediatric AED pads. Following inspection photographic evidence was forwarded to RQIA that both pieces of emergency equipment were now in place. 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.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and two steam sterilisers 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 Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

Discussion with staff evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05, with the exception of dental hand pieces which are manually cleaned prior to sterilisation. It was confirmed a DAC Universal had been previously used as part of the decontamination process of hand pieces but had been prone to problems and had been taken out of use.

Processing of hand pieces was discussed with Mr Parker and Mrs Busby who were advised to refer to the Professional Estates Letter (PEL) (13)13, dated 24 March 2015 which was issued to all dental practices by the DHSSPS. A recommendation has been made to review the procedure for the decontamination of dental hand pieces.

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 May 2016.

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

Radiography

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

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 and x-ray audits.

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 in accordance with manufacturer's instructions.

It was confirmed a quality of x-ray image audit has been undertaken. However a justification and clinical evaluation audit had not been carried out for some time. A recommendation was made to re-establish an audit for justification and clinical evaluation of radiographs.

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.

A legionella risk assessment has been undertaken and water temperature is monitored and recorded as recommended.

A fire risk assessment had been undertaken 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.

A written scheme of examination of pressure vessels was in place and Mrs Busby confirmed an update examination was planned.

Following inspection it was confirmed an electrician's visit has been arranged on 17 October and 19 October 2016 to inspect the fixed electrical wiring installation.

Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- "I have always held this practice in high regard. All of the above are very true."
- "Great service."
- "The whole staff ,as a unit are very approachable, the atmosphere is very welcoming and I trust the whole staff."
- "Very happy with all aspects."

Eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- "No appraisal."
- "No appraisals in place."
- "We don't have appraisals."

Areas for improvement

Establish formal annual staff appraisal which should be fully documented.

The procedure for the decontamination of dental hand pieces should be reviewed.

Re-establish an audit for justification and clinical evaluation of radiographs

Number of requirements	0	Number of recommendations	3
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4.4 Is care effective?

Clinical records

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

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed 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. A range of oral health promotion leaflets were available at reception and the patients' waiting area. Mrs Busby, Mr Parker 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
- IPS HTM 01-05 compliance
- infrequently used instruments
- prescriptions

Communication

Mrs Busby and Mr Parker 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.

Discussion with staff and staff questionnaires highlighted that formal staff meetings are not held. A recommendation was made to hold regular staff meetings and provide minutes of the meetings.

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

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- “Easy to get appointments and quick care.”
- “Staff always happy to advise if you have any queries.”
- “Staff are very good in explaining what’s the best treatment for you. Also you always get an emergency appointment as soon as.”
- “I have been a patient for many years and the care that I receive is outstanding.”
- “Very much so – very pleased.”
- “The care I receive here is exceptional. I am always fully informed.”

All 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. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “No staff meetings”

Areas for improvement

Staff meetings should be held at regular intervals and minutes of the meetings provided.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with 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 ensures patients understand 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 a six monthly basis. Review of the most recent patient satisfaction report 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

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- “I have always been treated extremely well.”
- “I feel very confident that my visits are treated with the confidentiality and that I am made to feel important.”
- “Have been attending for 50 plus years.”
- “Staff are excellent and always very friendly.”

All 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. Staff spoken with during the inspection concurred with this. The following comment was provided

- “No focus groups.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

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 Busby has with overall responsibility for the day to day management of the practice. Mr Parker, Registered person is the principal dentist for the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly 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 evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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.

It was 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 not available and a recommendation was made to devise one. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Parker demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose 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 patients who submitted questionnaire responses indicated that they feel that the service is well managed. Comments provided included the following:

- "I have attended this practice for over thirty years. My whole family use it. If it wasn't excellent we would go elsewhere. All staff are professional and helpful at all times."
- "The practice runs very smoothly and is led by the highest of standard. I feel that all staff are very competent in their roles."
- "Very well."
- "I consider the service to be extremely well managed and led. I have been a patient here for over thirty years, with nothing but the highest praise."

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. The following comment was provided:

- "No team meetings."

Areas for improvement

A written policy on whistleblowing should be devised.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Jacqui Busby, Practice Manager and Mr Alan Parker, Registered Person as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to independent.healthcare@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 11.8 Stated: First time To be completed by: 6 December 2016	Establish formal annual staff appraisal which should be fully documented.
	Response by registered provider detailing the actions taken: Annual staff appraisals to be included in our April annual review, as per BDA Performance and Developments Review version.
Recommendation 2 Ref: Standard 13 Stated: First time To be completed by: 6 November 2016	The procedure for the decontamination of dental hand pieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible hand pieces should be processed in the washer disinfectant.
	Response by registered provider detailing the actions taken: DAC has been sent for repair and to be recommissioned, all suitable handpieces now processed through washer.
Recommendation 3 Ref: Standard 8.3 Stated: First time 6 November 2016	Re-establish an audit for justification and clinical evaluation of radiographs
	Response by registered provider detailing the actions taken: Audit completed 13.10.16 and next evaluation targeted for April 2017
Recommendation 4 Ref: Standard 11.6 Stated: First time To be completed by: 6 December 2016	Staff meetings should be held at regular intervals and minutes of the meetings provided.
	Response by registered provider detailing the actions taken: Intention to have bi-annual staff meetings and notice board in staffroom to be used to communicate with and update staff as interim method of information. .

Recommendation 5 Ref: Standard 11.5 Stated: First time To be completed by: 6 December 2016	A written policy on whistleblowing should be devised. . Response by registered provider detailing the actions taken: Policy developed and completed by 20.10.16
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****Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address****

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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