

Announced Care Inspection Report 20 November 2017



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: Emily Campbell

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with three registered places providing private and NHS dental care and treatment.

3.0 Service details

Organisation/Registered Provider: Mr Alan Parker	Registered Manager: Mr Alan Parker
Person in charge at the time of inspection:	Date manager registered:

Ms Jacqui Busby, practice manager	08 November 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Inspection summary

An announced inspection took place on 20 November 2017 from 10:00 to 13:35.

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, radiology and maintenance of the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Six areas requiring improvement against the standards were identified. Three of these were in relation to infection prevention and control and decontamination procedures and two were in relation to medical emergency medications and the legionella risk assessment. One area for improvement was identified for the second time in relation to the establishment of staff meetings.

Patients who submitted questionnaire responses indicated a high level of satisfaction with the services provided in 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	6

Details of the Quality Improvement Plan (QIP) were discussed with Ms Jacqui Busby, practice 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 6 October 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 6 October 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
- the previous premises 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 Busby, practice manager, an associate dentist, a dental nurse and a trainee dental nurse. 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 2 February 2017

The most recent inspection of the practice was an announced premises inspection.

The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 6 October 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 11.8 Stated: First time	Establish formal annual staff appraisal which should be fully documented.	Met
	Action taken as confirmed during the inspection: Ms Busby and staff confirmed that staff appraisal had been carried out. Review of three appraisal records evidenced this.	
Area for improvement 2 Ref: Standard 13 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Ms Busby advised that following the previous inspection the DAC Universal, which incorporates a washer disinfectant and steriliser function, was repaired and staff confirmed that	

	<p>all dental hand pieces are being decontaminated using this process.</p> <p>Ms Busby confirmed that should the DAC Universal break down, any compatible hand pieces will be processed in the washer disinfectant.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>Re-establish an audit for justification and clinical evaluation of radiographs</p> <p>Action taken as confirmed during the inspection: Review of the radiation protection file confirmed that x-ray justification and clinical evaluation recording audits had been carried out.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 11.6</p> <p>Stated: First time</p>	<p>Staff meetings should be held at regular intervals and minutes of the meetings provided.</p> <p>Action taken as confirmed during the inspection: Ms Busby and staff confirmed that staff meetings had not been held. Some staff spoken with felt these would be useful and some did not. This was discussed with Ms Busby who agreed to discuss this with staff.</p> <p>This area for improvement has not been met and has been stated for the second time.</p>	Not met
<p>Area for improvement 5</p> <p>Ref: Standard 11.5</p> <p>Stated: First time</p>	<p>A written policy on whistleblowing should be devised.</p> <p>Action taken as confirmed during the inspection: A raising concerns policy was available. It was agreed that the General Dental Council (GDC), Health and Social Care Board (HSCB) and RQIA would also be included in the policy as contact organisations should an individual not wish to raise a concern in-house. Staff spoken with were aware of the actions to be taken if a concern is identified, including external organisations.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Three dental surgeries are in operation in this practice. Discussion with 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 have been established 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. A review of a sample of three evidenced that appraisals had been completed since the previous inspection. 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 GDC registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Ms Busby 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. The policy was comprehensive and reflected best practice guidance.

A staff register was in place and was observed to be up to date.

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 has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

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. The format of buccal Midazolam retained was not in keeping with the HSCB guidance. An area for improvement against the standards was identified that buccal Midazolam should be provided in the format of Buccolam pre-filled syringes. This should be provided in sufficient doses to accurately administer the medication to the relevant age groups.

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, with the exception of a tear in the dental chair in surgery one. An area for improvement against the standards was identified in this regard. Fabric covered chairs were observed in two surgeries and Ms Busby agreed to remove these. 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, a DAC Universal and two steam sterilisers, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that, in general, periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. However, the following issues were identified:

- the record of the automatic control test (ACT) for the DAC Universal and sterilisers consisted only of the sterilising hold time and on discussion with staff it was identified that this was being completed by rote. Ms Busby and staff were advised that the ACT should be performed after the first cycle of the machine each day and a record retained of the sterilisation temperature, the sterilising hold time and the pressure reading
- periodic tests for the DAC Universal did not include the tests for a washer disinfectant, including a weekly protein residue test

An area for improvement against the standards was identified in this regard.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during July 2017.

Review of the incident recording book evidenced that a staff member had sustained a needle stick injury. However, there were no records of the investigation of the incident or of any actions taken to prevent/reduce a recurrence. An area of improvement against the standards was made that the incident should be reviewed and an action plan devised to prevent/reduce the risk of a recurrence. Learning from the incident should be shared with staff.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control. These were not reviewed during the inspection.

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.

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 and a colour coded cleaning system were in place.

Arrangements are in place for maintaining the environment. This included fixed electrical wiring testing and portable appliance testing (PAT).

During the premises inspection carried out on 2 February 2017, an area for improvement against the standards was made that the legionella risk assessment should be reviewed and a scheme of control arising from the risk assessment should be drawn up and implemented. Review of documentation evidenced that a legionella risk assessment had been completed in April 2017. Appropriate control measures were in place, including the management of dental unit water lines (DUWLs) and infrequently used outlets. It was agreed that the risk assessment should be further reviewed to include more detail of the water system in the practice and records retained of hot and cold water temperatures and flushing of the infrequently used outlets. An area for improvement against the standards was made in this regard.

A fire risk assessment had recently been undertaken by an external contractor 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. Documentation reviewed confirmed that fire alarm, emergency lighting and fire extinguisher servicing is to be carried out on 21 November 2017.

Ms Busby advised that pressure vessels had been inspected under the written scheme of examination of pressure vessels approximately two weeks prior to the inspection and she was awaiting the report of this.

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

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Nineteen patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Comments provided included the following:

- “Exceptional care given at all times.”
- “Staff are always helpful.”
- “100% confidence in my dentist Sheena.”
- “Everyone is very professional from start to end.”
- “Absolutely – eminently professional in all aspects.”
- “Relaxed as possible.”
- “Been attending this dental practice for many years and always felt safely looked after.”
- “Excellent practice.”

- “At all times.”
- “Premises always spotless with high staff hygiene levels.”
- “Have been coming here all my life – excellent service.”

Eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Six 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. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

Buccal Midazolam should be provided in the format of Buccolam pre-filled syringes.

The torn dental chair in surgery one should be refurbished.

A daily ACT for the DAC Universal and each steriliser should be carried out and details recorded in full in the associated logbooks. The logbook for the DAC Universal should be further developed to include the periodic tests for a washer disinfectant.

The identified needle stick incident should be reviewed and an action plan devised to prevent/reduce a recurrence. Learning from the incident should be shared with staff.

The legionella risk assessment should be further reviewed to include more detail of the water system in the practice and records retained of hot and cold water temperatures and flushing of the infrequently used outlets.

	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.

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; patient care records are retained manually. 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 Ms Busby confirmed that a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Information was on display in the waiting area and demonstration models and sample products were available to promote oral health. 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
- infrequently used instruments
- patient satisfaction survey

Clinical waste audits are carried out informally and it was agreed that these would be recorded in the future.

Communication

Staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

As discussed previously, staff meetings are not undertaken and an area for improvement against the standards was made for the second time in this regard.

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

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 and were very satisfied with this aspect of care. Comments provided included the following:

- “Always consulted before treatment.”
- “Yes to all of the above and particular care given to my nervousness.”
- “I feel, up to date, that care has been effective.”
- “Been attending this practice for almost 60 years.”
- “Always.”
- “Very satisfied. Couldn’t be better.”

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. Five staff indicated they were very satisfied with this aspect of care and three 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 and health promotion strategies.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	1

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 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. Results of the patient satisfaction survey were on display in the waiting area.

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. Nineteen patients indicated they were very satisfied with this aspect of care, one patient did not provide a level of satisfaction. Comments provided included the following:

- "Feel this practice has all the bases covered to an exceptionally high standard. Thank you."
- "Everyone is very caring and adopts the right attitude."
- "Yes, I have always been very impressed with both the professional expertise and personal empathy demonstrated to me by all practice staff."
- "Very sympathetic."
- "Staff are always very approachable and respectful. Nothing is ever too much trouble for them."
- "Very friendly and caring."
- "At all times."

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. Seven 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 Busby, practice manager, is the nominated individual 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 at least 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. However, as discussed previously, the investigation of a needle stick injury should be reviewed and the learning shared with staff.

As discussed previously, a raising concerns policy was available and it was agreed that the GDC, HSCB and RQIA would also be included as contact organisations should an individual not wish to raise a concern in-house. Discussion with staff confirmed that they were aware of who to contact if they had a concern, including external organisations.

Discussion with Ms Busby confirmed that Mr Parker, registered person, had 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 felt that the service is well led. Eighteen patients indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. One patient did not provide a level of satisfaction. Comments provided included the following:

- “Yes, never had any cause for complaint.”
- “Always accommodating with regards to appointments and urgent requests. Puts best into each individual patient.”
- “Looking in, the service looks extremely well managed and very organised.”
- “Yes, effective, efficient and empathetic to me and all my family members.”
- “Superb, lovely team led by Alan.”
- “Service appears well organised and well managed.”
- “Could not be better.”
- “Overall I believe this to be well run dental practice with helpful friendly staff in a well-appointed facility. I am very thankful for the care and attention I receive from the helpful friendly staff. I always feel safe and cared for by a professional team.”
- “Unparalleled.”
- “Always friendly and caring.”
- “Yes, that is why my whole family come here.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. Five staff indicated they were very satisfied with this aspect of the service and three 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, 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 Jacqui Busby, practice 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 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)	
Area for improvement 1 Ref: Standard 12.4 Stated: First time To be completed by: 20 January 2018	The registered person shall ensure that buccal Midazolam is provided in the format of Buccolam pre-filled syringes. This should be provided in sufficient doses to accurately administer the medication to the relevant age groups. Ref: 6.4 Response by registered person detailing the actions taken: Buccolam pre-filled syringes to be ordered from now on in 2.5/5mls and in sufficient quantities as per recommendation
Area for improvement 2 Ref: Standard 13 Stated: First time To be completed by: 20 February 2018	The registered person shall refurbish the torn dental chair in surgery one. Ref: 6.4 Response by registered person detailing the actions taken: Chair temporarily sealed with tape whilst waiting for specialist recovering in January 2018

<p>Area for improvement 3</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 27 November 2017</p>	<p>The registered person shall ensure that, in relation to the decontamination of dental instruments:</p> <ul style="list-style-type: none"> • an automatic control test (ACT) for the DAC Universal and each steriliser is carried out after the first cycle each day and details of the sterilisation temperature, the sterilising hold time and the pressure reading recorded in the associated logbooks • the logbook for the DAC Universal should be further developed to include the periodic tests for a washer disinfectant, including a weekly protein residue test. The appropriate periodic tests should be carried out and recorded in the logbook <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All recommendations put in place with immediate effect incorporating (in daily floated duties) recording of pressure, sterilising hold times, and weekly protein residue testing of DAC</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p> <p>To be completed by: 20 December 2017</p>	<p>The registered person shall review the identified needle stick incident and an action plan should be devised to prevent/reduce the risk of a recurrence. Learning from the incident should be shared with staff.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Needle stick injury action plan reviewed and learning shared. All dentists must be responsible for removal of needles from syringes</p>
<p>Area for improvement 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 20 February 2018</p>	<p>The registered person shall review the legionella risk assessment to include more detail of the water system in the practice.</p> <p>Records should be retained of hot and cold water temperatures and flushing of the infrequently used outlets.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Legionella risk assessment expanded to include plan of water to the building and recording of hot and cold temperatures. Weekly flushing of the infrequently used outlets also to be recorded.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 11.6</p> <p>Stated: Second time</p>	<p>Staff meetings should be held at regular intervals and minutes of the meetings provided.</p> <p>Ref: 6.5</p>

To be completed by: 20 January 2018	Response by registered person detailing the actions taken: Anonymous staff questionnaire to be circulated discussing staff views on regular meetings and what subjects should be raised.
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Please ensure this document is completed in full and returned via Web Portal



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