Announced Care Inspection Report
25 July 2016

Ards Dental Practice

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: 16 Regent Street, Newtownards, BT23 4LH
Tel No: 028 9181 2507
Inspector: Norma Munn

1.0 Summary

An announced inspection of Ards Dental Practice took place on 25 July 2016 from 10:00 to 14:35.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, a review of documentation and discussion with Ms Anne Abraham, registered person, Mrs Alison Rainey, registered manager, and staff demonstrated that a number of issues need to be addressed to ensure that care provided to patients is 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. One recommendation previously stated twice in relation to the flooring in the surgeries has not been addressed and a requirement has now been made. Two further requirements have been made in relation to the control of substances hazard to health and fire safety. Seven recommendations have been made in relation to safeguarding training, the management of medical emergencies, infection prevention and control, the management of clinical waste, the management of pharmaceutical waste, the decontamination of dental instruments and the periodic testing of decontamination equipment.

Is care effective?

Observations made, review of documentation and discussion with Ms Abraham, Mrs Rainey, 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. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Ms Abraham, Mrs Rainey 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 identified that further development is needed to ensure that effective leadership and governance arrangements are in place and create 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 provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made within the domain.

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	3	7

Details of the Quality Improvement Plan (QIP) within were discussed with Ms Abraham, registered person, and Mrs Rainey, 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.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered provider: Ms Anne Abraham	**Registered manager:** Mrs Alison Rainey
Person in charge of the service at the time of inspection: Mrs Alison Rainey	**Date manager registered:** 14 June 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 5

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 Ms Abraham, Mrs Rainey, an associate dentist and one dental nurse. A tour 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 3 June 2015

The most recent inspection of the establishment 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 3 June 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 27 (3) (d) **Stated:** First time	The registered person must ensure that their indemnity cover includes employees of the practice. A robust system should be established to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mrs Rainey and review of documentation confirmed that all registered dental professionals have indemnity cover provided.	

Requirement 2 **Ref:** 15 (6) **Stated:** First time	The registered person must implement robust checking procedures to monitor the expiry dates of emergency medications. The records confirming that the checks have been completed should be signed and dated each month by the person undertaking the checks. Buccal pre-filled syringes should be provided in keeping with HSCB guidance.	**Met**
	Action taken as confirmed during the inspection: Checking procedures have been developed to monitor the expiry dates of emergency medicines. However, checking procedures were not in place to monitor the expiry dates of emergency equipment. A separate recommendation has been made. Buccolam prefilled syringes were provided in 5 mg and 10 mg doses. Buccal Midazolam was also available to administer if required. It was advised that when the Buccal Midazolam expires this should be replaced with Buccolam pre-filled syringes in doses suitable for both children and adults as recommended by the HSCB.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 13.1 **Stated:** Second time	Carpeting should be removed from surgeries.	**Not Met**
	Action taken as confirmed during the inspection: Carpeted areas were observed in identified surgeries within the practice. This was discussed with Ms Abraham. This recommendation has not been met therefore a requirement has been made to establish a refurbishment programme to ensure that the complete flooring in the dental surgeries is impervious and coved or sealed at the edges in keeping with the Health Technical Memorandum (HTM) 01-05.	

Recommendation 2 **Ref:** Standard 13.1 **Stated:** Second time	The damaged chair covering in surgery three, and if appropriate any other dental chairs, should be replaced/repaired in the interests of infection prevention and control and to aid effective cleaning.	**Partially Met**
	Action taken as confirmed during the inspection: Observation and discussion with Mrs Rainey confirmed that the dental chair in surgery three had been repaired. A small damaged area was noted on the arm of a dental chair in surgery one. Discussion with Mrs Rainey confirmed that this surgery was rarely used and a refurbishment programme is in place to repair or replace the chair identified.	
Recommendation 3 **Ref:** Standard 12.4 **Stated:** First time	It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date of 18 months from the date of receipt should be recorded on the medication packaging and the expiry date checklist to show that the cold chain has been broken. If stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.	**Met**
	Action taken as confirmed during the inspection: It was observed that Glucagon medication was retained at room temperature and a revised expiry date had been recorded on the medication packaging to reflect that the cold chain had been broken.	
Recommendation 4 **Ref:** Standard 12.4 **Stated:** First time	It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.	**Met**
	Action taken as confirmed during the inspection: Mrs Rainey confirmed that legal advice had been sought regarding the provision of an AED. The practice have established formal arrangements to access an AED in close proximity to the practice and this arrangement has been included in the management of medical emergencies policy.	

Recommendation 5 **Ref:** Standard 11.1 **Stated:** First time	It is recommended that a recruitment and selection policy and procedures are developed to reflect best practice guidance to include; • the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; references; employment history; Access NI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies and include a criminal conviction declaration by the applicant.	**Met**
	Action taken as confirmed during the inspection: Mrs Rainey confirmed that the recruitment and selection policy has been revised. The revised policy included the information requested. Mrs Rainey was also advised to include the name of the nominated person responsible for recruitment and the process for undertaking and receiving AccessNI checks.	
Recommendation 6 **Ref:** Standard 11.1 **Stated:** First time	It is recommended that all staff who work in the practice, including self-employed staff are provided with a contract/agreement.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mrs Rainey and a review of three contracts of employment/agreements confirmed that this recommendation has been addressed.	
Recommendation 7 **Ref:** Standard 11.1 **Stated:** First time	It is recommended that a staff register should be developed and retained, to include name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.	**Met**
	Action taken as confirmed during the inspection: A review of the staff register evidenced that this recommendation has been addressed.	

Recommendation 8 **Ref:** Standard 13 **Stated:** First time	It is recommended that the overflows on dedicated stainless steel hand washing basins are blanked off with a stainless steel plate sealed with antibacterial mastic.	**Met**
	Action taken as confirmed during the inspection: It was observed that the overflows in the hand wash basins have been blanked off and no plugs were in use.	

4.3 Is care safe?

Staffing

Five 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 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. Ms Abraham discussed recent training attended by staff in relation to dementia care, which is to be commended.

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 Rainey 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.

As previously discussed there was a recruitment policy and procedure available. The revised policy was comprehensive and reflected best practice guidance.

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.

Discussion with Mrs Rainey and staff confirmed that not all staff had received refresher training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Ms Abraham did confirm that some staff had attended recent training that included safeguarding of children and adults. However, there were no training records to evidence this. A recommendation has been made.

Policies and procedures were in place for the safeguarding and protection of adults and children. 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. Mrs Rainey was advised to include in the policies the name of the nominated person with in the practice responsible for safeguarding. A copy of the new regional guidance entitled 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 was available. Ms Abraham demonstrated her knowledge in relation to the new guidance and how this information had been shared with the team during a recent meeting.

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. However, the oropharyngeal airways provided had exceeded their dates of expiry. Mrs Rainey has agreed to order the replacement airways. There was an identified individual with responsibility for checking emergency medicines and equipment and a system was in place to monitor this. A recommendation has been made that the expired oropharyngeal airways are replaced and more robust arrangements should be implemented to ensure that emergency equipment does not exceed their expiry dates.

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.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered.

As previously discussed, carpeted areas were observed in the surgeries during the previous inspection and a recommendation had been stated for the second time. The carpeted areas had not been replaced with flooring in keeping with HTM 01-05. A requirement has now been made.

Several gaps had not been appropriately sealed in the worktops and surfaces in the identified surgeries. A damp area was identified on the wall in one surgery and a damaged area was identified on the wall in another surgery. Fabric chairs were observed in several surgeries. A recommendation has been made to address the issues identified.

Clinical waste bins were available; however, the bins were not all pedal or sensor operated. A recommendation has been made.

Mrs Rainey confirmed that local anaesthetic cartridges were not being disposed of in sharps containers suitable for pharmaceutical waste. Ms Abraham has agreed to provide the recommended sharps boxes and will dispose of all local anaesthetic cartridges and pharmaceutical waste in accordance with Health Technical Memorandum (HTM) 07-01 PEL (13) 14. A recommendation has been made.

Staff were observed to be adhering to best practice in terms of uniform policy and hand hygiene.

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 one washer disinfector and four sterilisers have been provided to meet the practice requirements. During discussion with one of the dental nurses it was confirmed that not all of the reusable dental instruments were being processed using the washer disinfector. The dental nurse confirmed that some dental hand pieces were being manually cleaned. Best practice outlines that all reusable dental instruments should be cleaned and sterilised using an automated process. A recommendation has been made. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices with the exception of the washer disinfector. The periodic checks had been recorded for the day of the inspection; however, previous to this the last recorded checks were dated 25 April 2016. A recommendation has been made.

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 2016.

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

Radiography

The practice has five surgeries; four of the five surgeries house 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 with the exception of areas being refurbished. Staff had signed to state that they had read the radiation protection file that included the local rules. 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.

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 fair standard of maintenance and décor. Discussion with Ms Abraham confirmed that the practice is in the process of being refurbished. On the day of the inspection work was being carried out to refurbish one of the surgeries which was good to note.

Cleaning chemicals were stored in an unlocked cupboard in the patient's toilet. This was discussed with Ms Abraham and Mrs Rainey. All chemicals must be stored in line with Control of Substances Hazard to Health Regulations 2002 (COSHH) and staff made aware of their responsibilities under COSHH. A requirement has been made.

Detailed cleaning schedules were in place for all areas. A colour coded cleaning system was in place.

Arrangements were in place for maintaining the environment. This included portable appliance testing, fire safety equipment and emergency lighting servicing.

A legionella risk assessment was undertaken and water temperatures have been monitored and recorded as recommended.

On the day of the inspection the fire risk assessment could not be located. A fire risk assessment must be undertaken by a competent person and any issues identified addressed within timescales acceptable to the risk assessor. Advice and guidance in this regard has been sent to the practice by electronic mail following the inspection. A requirement has been made.

Staff confirmed 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 pressure vessels had been inspected in line with the written scheme.

Patient and staff views

Nine patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were provided in the questionnaires returned under this domain.

Six staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. One comment was provided in questionnaires returned in relation to the provision of moving and handling training. This was discussed with Mrs Rainey and Ms Abraham during feedback.

Areas for improvement

Refresher training in safeguarding of adults and children should be provided in accordance with the Minimum Standards for Dental Care and Treatment (2011).

The expired oropharyngeal airways should be replaced and arrangements that are more robust should be implemented to ensure emergency equipment does not exceed their expiry date.

All surfaces in clinical areas should be impervious and easily cleaned, any joins or gaps should be welded or sealed. The damaged area of the wall in surgery one should be repaired and the damp area in surgery three should be addressed. The fabric chairs in the surgeries should be removed.

Clinical waste bins should be pedal or sensor operated.

Review the disposal of anaesthetic cartridges and pharmaceutical waste in accordance with HTM 07-01 PEL (13) 14.

Establish a refurbishment programme to ensure that the complete flooring in the dental surgeries is impervious and coved or sealed at the edges in keeping with the Health Technical Memorandum (HTM) 01-05. The refurbishment programme must be submitted with the returned Quality Improvement Plan (QIP).

The decontamination of re-usable dental instruments should in line with the manufacturer's instructions and any instruments that are compatible with the washer disinfector should be decontaminated using this process.

Periodic testing should be undertaken for the washer disinfector and recorded in keeping with HTM 01-05.

All chemicals must be stored in line with Control of Substances Hazard to Health Regulations 2002 (COSHH) and staff made aware of their responsibilities under COSHH.

A fire risk assessment must be undertaken and any issues identified during the review must be addressed within timescales acceptable to the risk assessor.

Number of requirements	**3**	**Number of recommendations**:	**7**

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 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, 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 a range of health promotion information leaflets available in the reception area. Ms Abraham 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
- review of complaints/accidents/incidents

Communication

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 six weekly 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/formal 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

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were provided in the questionnaires returned under this domain.

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. No comments were provided in the questionnaires returned under this domain.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

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 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 a six monthly basis. The frequency of these exceeds best practice. 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 of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

One comment provided included the following:

- "Excellent service."

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. No comments were provided in the questionnaires returned under this domain.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0

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 Abraham has overall responsibility for the day-to-day management of the practice. Ms Abraham is also the registered provider for Kircubbin Dental Practice. She works within the Ards practice every Wednesday; however, she confirmed that she monitors the quality of services and undertakes a visit to the premises in Ards on an almost daily basis.

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 returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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.

Mrs Rainey and Ms Abraham 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 whom to contact if they had a concern.

The registered provider and registered manager demonstrated a clear understanding of their roles and responsibility in accordance with legislation. 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.

Evidence gathered during the inspection has identified a number of issues, which could affect the delivery of safe care, all of which have an impact on quality assurance and good governance. Three requirements and seven recommendations have been made in order to progress improvement in identified areas. It is important that these are kept under review to ensure improvements are sustained.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they felt that the service is well managed.

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned under this domain.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Abraham, registered person, and Mrs Rainey, registered manager, 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

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

Statutory requirements	
Requirement 1 **Ref:** Regulation 15 (7) **Stated:** First time **To be completed by:** 25 August 2016	The registered provider must establish a refurbishment programme to ensure that the complete flooring in the dental surgeries is impervious and coved or sealed at the edges in keeping with the Health Technical Memorandum (HTM) 01-05. The refurbishment programme must be submitted with the returned Quality Improvement Plan (QIP).
	Response by registered provider detailing the actions taken: surgery 1 new flooring, cupboards, celing and walls started 25.07.2016 completed 15.08.2016. new anti slip stops ordered and to be fitted Wed 17.09.2016 (specialist fiiters)
Requirement 2 **Ref:** Regulation 25 (1) (d) **Stated:** First time **To be completed by:** 25 July 2016	The registered provider must ensure that all chemicals are stored in line with Control of Substances Hazard to Health Regulations 2002 (COSHH) and staff made aware of their responsibilities under COSHH
	Response by registered provider detailing the actions taken: Cleaning materials moved to locked room away from public area.
Requirement 3 **Ref:** Regulation 25 (3) (f) **Stated:** First time **To be completed by:** 25 September 2016	The registered provider must ensure that a fire risk assessment is undertaken by a competent person and any issues identified are addressed within timescales acceptable to the risk assessor.
	Response by registered provider detailing the actions taken: on going

Recommendations	
Recommendation 1 **Ref:** Standard 15.3 **Stated:** First time **To be completed by:** 25 October 2016	Refresher training in safeguarding of adults and children should be carried out for all staff in accordance with the Minimum Standards for Dental Care and Treatment (2011). A record of the training is to be retained.
	Response by registered provider detailing the actions taken: recorded training meetings carried out and ccontinue to be carried out. co operating to safeguarding children &yong people in N. Ireland -Dept Health website.
Recommendation 2 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** 25 August 2016	The expired oropharyngeal airways should be replaced and more robust arrangements implemented to ensure emergency equipment does not exceed their expiry date.
	Response by registered provider detailing the actions taken: new airways bought and old discarded. system set up to ensure equipment does not exceed expiry date.
Recommendation 3 **Ref:** Standard 13 **Stated:** First time **To be completed by:** 25 October 2016	The following issues identified in the environment in relation to infection prevention and control should be addressed: • all surfaces in clinical areas should be impervious and easily cleaned, any joins or gaps should be welded or sealed • the damaged area of the wall in surgery one should be repaired • the damp area on the wall in surgery three should be addressed • the fabric chairs in the surgeries should be removed
	Response by registered provider detailing the actions taken: impervious chairs in place. Bulider dealing with new units & Wall coverings.
Recommendation 4 **Ref:** Standard 13 **Stated:** First time **To be completed by:** 25 September 2016	All clinical waste bins provided should be pedal or sensor operated.
	Response by registered provider detailing the actions taken: new bins ordered from cannon hygiene, bathroom bin replaced with new pedal bin.

Recommendation 5 **Ref:** Standard 13 **Stated:** First time **To be completed by:** 25 August 2016	Review the disposal of anaesthetic cartridges and pharmaceutical waste in accordance with HTM 07-01 PEL (13) 14.
	Response by registered provider detailing the actions taken: new purple lidded bins ordered from cannon hygiene
Recommendation 6 **Ref:** Standard 13.4 **Stated:** First time **To be completed by:** 25 July 2016	The decontamination of re-usable dental instruments should be in line with the manufacturer's instructions and any instruments which are compatible with the washer disinfector should be decontaminated using this process.
	Response by registered provider detailing the actions taken: being done
Recommendation 7 **Ref:** Standard 13 **Stated:** First time **To be completed by:** 25 July 2016	Periodic testing should be undertaken in respect of the washer disinfector and recorded in keeping with HTM 01-05.
	Response by registered provider detailing the actions taken: being done

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

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