

# Announced Care Inspection Report 27 July 2017



## 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**

[www.rgia.org.uk](http://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 five registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Ms Anne Abraham	<b>Registered Manager:</b> Mrs Alison Rainey
<b>Person in charge at the time of inspection:</b> Ms Anne Abraham	<b>Date manager registered:</b> 14 June 2012

<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5
--	--

#### 4.0 Inspection summary

An announced inspection took place on 27 July 2017 from 10:00 to 13:20.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

No areas requiring improvement were identified.

All of the patients who submitted questionnaire responses indicated that they were either very satisfied or satisfied with the care and services provided.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Anne Abraham, registered person and Mrs Alison Rainey, registered manager as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 25 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 July 2016.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspector met with Ms Anne Abraham, registered person, Mrs Alison Rainey, registered manager and two dental nurses. A tour of some areas of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and section
- safeguarding
- management of medical emergencies
- infection prevention and control
- 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 25 July 2016**

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

**6.2 Review of areas for improvement from the last care inspection dated 25 July 2016**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (7)</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p>The refurbishment programme must be submitted with the returned Quality Improvement Plan (QIP).</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Following the previous inspection two of the surgeries had been completely refurbished to a high standard and the flooring had been replaced. There was no evidence of carpet in any of the surgeries throughout the practice and the flooring observed was in keeping with the HTM 01-05.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 25 (1) (d)</p> <p><b>Stated:</b> First time</p>	<p>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</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Discussion with Ms Abraham confirmed that all chemicals are stored in line with COSHH and staff have been made aware of their responsibilities under COSHH.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Regulation 25 (3) (f) <b>Stated:</b> First time</p>	<p>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.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Ms Abraham has carried out a fire risk assessment since the previous inspection and any issues identified have been addressed. Ms Abraham has confirmed that the risk assessment in place will be reviewed on an annual basis.</p>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 15.3 <b>Stated:</b> First time</p>	<p>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.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of training records confirmed that training in safeguarding of adults and children has been carried out for all staff in accordance with the Minimum Standards for Dental Care and Treatment (2011).</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time</p>	<p>The expired oropharyngeal airways should be replaced and more robust arrangements implemented to ensure emergency equipment does not exceed their expiry date.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of medical emergency equipment confirmed that the oropharyngeal airways in place were in date and any expired oropharyngeal airways had been removed. A review of records confirmed that more robust arrangements had been implemented to ensure emergency equipment</p>	

	do not exceed their expiry dates.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	<p>The following issues identified in the environment in relation to infection prevention and control should be addressed:</p> <ul style="list-style-type: none"> <li>• all surfaces in clinical areas should be impervious and easily cleaned, any joins or gaps should be welded or sealed</li> <li>• the damaged area of the wall in surgery one should be repaired</li> <li>• the damp area on the wall in surgery three should be addressed</li> <li>• the fabric chairs in the surgeries should be removed</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The issues identified in relation to infection prevention and control during the previous inspection have all been addressed.</p> <p>Two of the surgeries had been completely refurbished to a high standard. The walls had been cladded over and any damaged areas made good. All work surfaces were observed to be impervious and easily cleaned and the flooring had been replaced.</p> <p>All fabric chairs had been removed from the identified surgeries.</p>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	<p>All clinical waste bins provided should be pedal or sensor operated.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with staff and a review of the environment confirmed that all clinical waste bins provided were pedal operated.</p>	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	<p>Review the disposal of anaesthetic cartridges and pharmaceutical waste in accordance with HTM 07-01 PEL (13) 14.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with staff confirmed that anaesthetic cartridges and pharmaceutical waste is disposed of in the purple lidded</p>	



	sharps containers in keeping with HTM 07-01 PEL (13) 14.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> First time	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 disinfectant should be decontaminated using this process.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff confirmed that all compatible reusable dental instruments are decontaminated in the washer disinfectant prior to sterilisation.	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	Periodic testing should be undertaken in respect of the washer disinfectant and recorded in keeping with HTM 01-05.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of the washer disinfectant log book confirmed that periodic testing has been undertaken in and recorded in keeping with HTM 01-05.	

### 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

There are five surgeries in this practice registered for private dental care and treatment. However, Ms Abraham confirmed that only four are operational. The surgery on the ground floor is currently not in use. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there were 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.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

### **Recruitment and selection**

A review of the submitted staffing information and discussion with Ms Abraham 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 is sought and retained for inspection.

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

### **Safeguarding**

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

A 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).

A copy of the regional guidance entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) was available for staff reference. Following the inspection a copy of the regional policy 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the "Adult Safeguarding Operational Procedures" September 2016 were emailed to the practice. Ms Abraham has agreed to ensure that these documents are made available for staff reference.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included distinct referral pathways in the event of a safeguarding issue arising with an adult or child and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. Following the inspection RQIA received confirmation that the practice's safeguarding policies had been reviewed to fully reflect the regional guidance documents and policies.

### **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. A discussion took place in regards to the procedure for the safe administration of Buccolam pre-filled syringes and Ms Abraham confirmed that she would be increasing the stock of Buccolam to ensure various doses were available. Following the inspection RQIA received confirmation that the stock of Buccolam had been increased.

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 was in place however; this was not reviewed during this inspection. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

### **Infection prevention control and decontamination procedures**

Clinical 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. An area of the floor in the decontamination room was observed to be cluttered with various items. This was discussed and decluttered during the inspection. Assurances were given that the flooring would remain decluttered to ensure effective cleaning could take place. 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 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 four 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.

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 June 2017.

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

## **Radiography**

The practice has four surgeries in operation, each of which has an intra-oral x-ray machine. Ms Abraham confirmed that intra oral x-ray machine in the fifth surgery on the ground floor and the orthopan tomogram machine (OPG) housed in a separate room have been decommissioned.

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.

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 in the surgeries currently in operation.

Ms Abraham confirmed that there is a rolling programme of refurbishment. Two of the surgeries had been completely refurbished to a high standard since the previous inspection and Ms Abraham discussed her intention to completely refurbish the other two surgeries in use. Ms Abraham also discussed plans to refurbish the staff room and in the interim period has agreed to declutter this room of any items not required.

Ms Abraham confirmed that the ground floor surgery was not operational and not fit for purpose. The future use of this surgery was discussed at length and Ms Abraham gave assurances that this surgery would not be operational in its present state. Ms Abraham discussed future plans to either totally refurbish this surgery or to reduce the number of dental chairs from five to four. Ms Abraham was advised that, if the practice were to reduce the number of registered dental chairs an application of variation to registration should be submitted to RQIA.

Detailed cleaning schedules and a colour coded cleaning system was in place.

Arrangements were in place for maintaining the environment that included the routine servicing and maintenance of the fire detection system and firefighting equipment. Arrangements were

also in place to ensure that portable appliance testing (PAT) is undertaken in respect of electrical equipment.

As discussed the fire risk assessment had been completed and is reviewed in house on an annual basis. Fire safety awareness training has been undertaken, fire drills carried out and staff demonstrated that they were aware of the action to take in the event of a fire.

It was confirmed that the legionella risk assessment had been completed and arrangements were in place to review this on an annual basis. Water temperatures are monitored and recorded.

Review of records confirmed that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination.

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**

Eight patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and indicated they were very satisfied with this aspect of care. The following comment was provided in a submitted questionnaire response:

- “Very good staff, very friendly.”

Seven staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Four 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 staff recruitment, induction, training, supervision and appraisal, safeguarding, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**  
**The right care, at the right time in the right place with the best outcome.**

## **Clinical records**

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

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

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

Policies were available in relation to records management, data protection and confidentiality and consent.

The 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 leaflets available in the reception area. Ms Abraham confirmed that oral health is actively promoted on an individual level with patients during their consultations. Ms Abraham also discussed recent articles she had published in the local newspapers to promote oral health and hygiene within the community.

## **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
- appointments
- review of complaints/accidents/incidents

## **Communication**

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

Staff meetings are held on a six weekly basis to discuss clinical and practice management issues. It was confirmed that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

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

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

**Patient and staff views**

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

- “Staff are always friendly, helpful and address my concerns.”
- “Always explain everything and give alternatives.”

All seven 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 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 the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**  
**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

**Dignity, respect and involvement in decision making**

Staff demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient’s privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensures that 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 an annual 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 eight patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All eight patients indicated they were very satisfied with this aspect of care. The following comment was provided in a submitted questionnaire response:

- "I have never been treated with anything other than respect."

All seven 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. Five 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 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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

#### **6.7 Is the service well led?**

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



## Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Mrs Alison Rainey, registered manager, is the nominated individual with overall responsibility for the day to day management of the practice. Ms Abraham, registered person, is also the registered person for Kircubbin Dental Practice. Ms Abraham continues to monitor the quality of services in Ards Dental Practice and undertakes a visit to the practice on an almost daily basis and also works in Ards Dental Practice once a week.

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 2016 to 31 March 2017.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Ms 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 who to contact if they had a concern.

Ms Abraham and Mrs Rainey demonstrated a clear understanding of their roles and responsibilities 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 eight patients who submitted questionnaire responses indicated that they felt that the service is well led and indicated they were very satisfied with this aspect of the service. The following comment was provided in a submitted questionnaire response:

- “I was always well informed about changes. Staff are always highly motivated and seem very happy in their work.”

All seven 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 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 governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews