

Announced Care Inspection Report 15 August 2017



Beechview Dental Practice

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

Address: 451 Falls Road, Belfast BT12 6DD

Tel No: 028 9024 3107

Inspector: Winifred Maguire

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 six registered places, providing both private and NHS dental treatment.

3.0 Service details

Organisation/Registered Provider: Portman Healthcare Limited Responsible Individual: Mr Mark Hamburger	Registered Manager: Ms Orla Fisher (registration pending)
Person in charge at the time of inspection: Ms Orla Fisher	Date manager registered: Application received-“registration pending”
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 6

4.0 Inspection summary

An announced inspection took place on 15 August 2017 from 10.00 to 13.30.

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

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

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

One area of improvement against the regulations and two areas of improvement against the standards were identified in relation to radiology. One area of improvement against the standards was identified in relation to the temperature management in the decontamination room.

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

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Ms Orla Fisher, registered manager applicant and Ms Ali Rae compliance facilitator, 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 11 August 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 August 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 Orla Fisher, registered manager applicant, Ms Ali Rae, compliance facilitator, a lead dental nurse and one other dental nurse. A tour of some 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 11 August 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 11 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time	The registered provider must ensure that enhanced AccessNI checks are obtained prior to any new staff commencing employment. Action taken as confirmed during the inspection: Review of a new member of staff's personnel file evidenced that an enhanced AccessNI check had been obtained prior to commencement of employment.	Met
Area for improvement 2 Ref: Regulation 25 (2) (b) Stated: First time	The registered provider must review the ventilation system in the decontamination room and implement measures to provide a reasonable working room temperature, to ensure that the decontamination room door is	

	<p>closed when decontamination is in progress in keeping with HTM 01-05 and in the interest of staff health and safety.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The decontamination room door was noted to be closed. The daily temperature of the decontamination room is monitored. Ms Fisher and the lead dental nurse outlined a series of actions they had taken including seeking expert advice from the health and safety engineer for Portman Healthcare Limited and a decontamination expert from the Department of Health on the ventilation of the decontamination room. They have also costed various options. They stated the installation of a ventilation system in the decontamination room would be at a considerable cost and disruption to the dental practice. In addition they had sought expert advice on the installation of an 'air con' system which they have been informed is not best practice in decontamination rooms.</p> <p>Consideration was also given to moving some of the decontamination equipment to another room to reduce the heat generated by the three steam sterilisers, two washer disinfectors and one NSK iCare Handpiece cleaner, presently operational in the decontamination room.</p> <p>From discussion with the management of Beechview Dental Practice, it was evident strenuous efforts had been made to action this area of improvement under the regulations following the previous inspection and it is therefore noted to be met.</p> <p>However a further area of improvement against the standards has been made on this inspection in relation to devising a formal report on all the options considered, action taken thus far and options still under consideration. The report should include that expert advice is sought in writing and formally recorded for consideration. Agreement on a way forward should be reached with all relevant stakeholders.</p>	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard11.1 Stated: First time	Recruitment and selection procedures should be further developed to ensure that the following information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained. <ul style="list-style-type: none"> • a criminal conviction declaration • two written reference, one of which should be from the current/most recent employer • details of the full employment history including reasons for leaving and an explanation for any gaps in employment. 	Met
	Action taken as confirmed during the inspection: The recruitment and selection procedures have been developed to ensure that the following information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained. <ul style="list-style-type: none"> • a criminal conviction declaration • two written references, one of which should be from the current/most recent employer • details of the full employment history including reasons for leaving and an explanation for any gaps in employment. 	
Area for improvement 2 Ref: Standard 11.3 Stated: First time	Safeguarding children and adults at risk of harm should be included in induction templates as a specific topic to be covered.	Met
	Action taken as confirmed during the inspection: Safeguarding children and adults at risk of harm are included in induction templates as a specific topic to be covered.	
Area for improvement 3 Ref: Standard 13 Stated: First time	The identified steriliser which has a rusted exterior and buckled water reservoir lid should be made good or replaced.	Met

	<p>Action taken as confirmed during the inspection: The identified steriliser which had a rusted exterior and buckled water reservoir lid has been repaired.</p>	
<p>Area for improvement 4 Ref: Standard13.4 Stated: First time</p>	<p>The weekly protein residue test for the washer disinfectors should be consistently undertaken and recorded in the associated logbooks.</p> <p>Action taken as confirmed during the inspection: There was evidence that the weekly protein residue test for the washer disinfectors has been consistently undertaken and recorded in the associated logbooks.</p>	Met
<p>Area for improvement 5 Ref: Standard 13.2 Stated: First time</p>	<p>The decontamination aspect of infection prevention and control and decontamination policy should be further developed to specify that a washer disinfectant must be used within the decontamination process.</p> <p>Action taken as confirmed during the inspection: The decontamination aspect of infection prevention and control and decontamination policy has been further developed to specify that a washer disinfectant must be used within the decontamination process.</p>	Met
<p>Area for improvement 6 Ref: Standard 11.8 Stated: First time</p>	<p>Formal arrangements should be established for the registered person or his representative to monitor the quality of services and undertake an unannounced visit to the premises at least every six months in accordance with legislation.</p> <p>Following the unannounced visit to the practice the registered person or his representative should generate a report detailing the main findings of their quality monitoring visit, which should include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated.</p> <p>The report should be shared with the</p>	Met

	registered manager and be available for inspection.	
	<p>Action taken as confirmed during the inspection:</p> <p>A monitoring visit on behalf of the registered person has been undertaken 20 May 2017 and a report provided in accordance to Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005.</p>	

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

Six dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of a sample of three evidenced that appraisals had been completed on an annual basis. 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 Fisher and Ms Rae confirmed that a new member of staff has been recruited since the previous inspection. A review of the personnel file for this member of staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

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

Safeguarding

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

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that the safeguarding lead and other staff will undertake formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) on 16 August 2017.

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

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a 'yankauer sucker'. Evidence of the purchase of this item was provided following the inspection. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

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

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

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a two washer disinfectors, three steam sterilisers and a NSK iCare Hand piece Cleaner 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.

As previously outlined an area of improvement against the regulations was identified in the previous inspection in relation to the wedging open of the decontamination room door and the temperature management of the decontamination room. During the inspection the decontamination room door was noted to be closed. The daily temperature of the decontamination room is monitored. Ms Fisher and the lead dental nurse outlined a series of actions they had taken including seeking expert advice from the health and safety engineer for Portman Healthcare Limited and a decontamination expert from the Department of Health on the ventilation of the decontamination room. They have also costed various options. They stated the installation of a ventilation system in the decontamination room would be at a considerable cost and disruption to the dental practice. In addition they had sought expert advice on the installation of an 'air con' system which they have been informed is not best practice in decontamination rooms. Consideration was also given to moving some of the decontamination equipment to another room to reduce the heat generated by the three steam sterilizers, two washer disinfectors and one NSK iCare Handpiece cleaner, presently operational in the decontamination room. From discussion with the management of Beechview Dental Practice, it was evident strenuous efforts had been made to action this area of improvement under the regulations following the previous inspection and it is therefore noted to be met. However a further area of improvement against the standards has been made on this inspection in relation to the devising a formal report on all the options considered, action taken thus far and options still under consideration. The report should include that expert advice is sought in writing and formally recorded for consideration. An agreement on a way forward to manage the temperature of the decontamination room should be reached with all relevant stakeholders.

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 March 2017.

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

Radiography

The practice has six surgeries, each of which has an intra-oral x-ray machine. In addition there is cone beam computed tomography (CBCT) which is located in a separate room.

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 entitlement documentation had not been completed which is the process to formalise 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. An area of improvement under the standards has been identified in relation to this matter. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The 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 not been fully addressed. An area of improvement against the standards has been made on this matter.

The intra-oral x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions. There was no evidence the CBCT has been serviced and maintained in accordance with manufacturer's instructions. An area for improvement against the regulations has been identified in relation to this matter.

Quality assurance systems and processes were in place to ensure that most matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. Documents reviewed included records in relation to the fire detection systems, fire-fighting equipment, fixed electrical wiring installation and portable appliance testing (PAT) of electrical equipment

A legionella risk assessment has been undertaken. Legionella control measures to include the routine monitoring of water temperatures are in place.

A fire risk assessment had been undertaken and staff confirmed fire safety training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels was in place.

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

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

- “Always 100%.”
- “Professional, clean environment.”

Seven staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “Our patients are always the priority.”

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, safeguarding, management of medical emergencies, infection prevention control and decontamination procedures and the environment.

Areas for improvement

Devise a formal report in relation to the temperature management of the decontamination room to include all the options considered, action taken thus far, options still under consideration and that expert advice is sought in writing and formally recorded for consideration. An agreement on a way forward to manage the temperature of the decontamination room should be reached with all relevant stakeholders.

The radiology entitlement documentation should be completed; which is the process to formalise that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received training in relation to these duties.

Recommendations made in the report of the most recent visit by the RPA should be fully addressed.

The CBCT must be serviced and maintained in accordance with manufacturer’s instructions.

	Regulations	Standards
Total number of areas for improvement	1	3

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

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

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

The practice and the individual dentists are 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. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations with the dentists and dental hygienist. Oral health and hygiene information leaflets are available for patients.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical waste management
- clinical records
- review of complaints/accidents/incidents
- sedation
- implant
- periodontal
- NHS – delivering better oral health

Communication

It was 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 monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

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

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

Patient and staff views

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 indicated that they were very satisfied with this aspect of care. The following comment was provided:

- “Good information, clearly described.”

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 and all indicated that they were very satisfied with this aspect of care. 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
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity, respect and involvement in decision making

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

converse with patients and conduct telephone enquiries in a professional and confidential manner.

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Portman Healthcare Limited are currently reviewing the systems for patient feedback. It was advised to continue with the present patient satisfaction survey until the new patient feedback systems were developed and confirmed to be in line with legislation. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Thirteen patients indicated that they were very satisfied with this aspect of care and one indicated they were satisfied. No comments were included in submitted questionnaire responses.

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. Six staff indicated that they were very satisfied with this aspect of care and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. The following comment was provided:

- "I treat patients as I would wish to be treated with dignity and respect."

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 Orla Fisher is the nominated individual with overall responsibility for the day to day management of the practice. RQIA have received and are currently processing a registered manager's application for Ms Fisher. The registered provider has an appointee who monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. Report of the unannounced monitoring visit in May 2017 was available for inspection.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on annual 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. Advice was provided on the recording of complaints management.

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

It was confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Ms Fisher demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All patients who submitted questionnaire responses indicated that they felt that the service is well led and indicated that they were very satisfied with this aspect of the service. The following comment was provided:

- “Reception staff, dental staff and support through texts etc. Very good service.”

All submitted staff questionnaire responses indicated that they felt that the service is well led and indicated that they were very satisfied with this aspect of the service. 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.

	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 Orla Fisher, registered manager applicant and Ms Ali Rae, compliance facilitator, 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 to Independent.Healthcare@rqia.org.uk for assessment by the inspector.

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 or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (2) b As amended</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2017</p>	<p>The registered person shall ensure that the cone beam computed tomography machine (CBCT) is serviced and maintained in accordance with manufacturer's instructions.</p> <p>Ref: 6.4</p>
<p>Response by registered person detailing the actions taken: This has been arranged for 19th October 2017</p>	

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

<p>Area for improvement 1</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2017</p>	<p>The registered person shall devise a formal report in relation to the temperature management of the decontamination room to include all the options considered, action taken thus far, options still under consideration; that expert advice is sought in writing and formally recorded for consideration. A copy of this report should be forwarded to RQIA. An agreement on a way forward to manage the temperature of the decontamination room should be reached with all relevant stakeholders.</p> <p>Ref: 6.4</p>
<p>Response by registered person detailing the actions taken: Currently in the process, awaiting Engineer from BL to come back with report, shall be forwarded in time.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2017</p>	<p>The registered person shall ensure that the radiology entitlement documentation should be completed; which is the process to formalise that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received training in relation to these duties.</p> <p>Ref: 6.4</p>
<p>Response by registered person detailing the actions taken: All relevant documentation now completed.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2017</p>	<p>The registered person shall ensure that recommendations made in the report of the most recent visit by the RPA are fully addressed.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All recommendations from RPA have been addressed and actions taken to complete these.</p>
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Please ensure this document is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews