

Announced Care Inspection Report 3 August 2017



Blundell Dental

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

Address: 372 Cregagh Road, Belfast BT6 9EY

Tel No: 028 9079 3015

Inspector: Emily Campbell

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with two registered places. The practice provides private and NHS dental care and treatment.

3.0 Service details

Organisation/Registered Providers: Mr Paul Blundell Mrs Hilary Blundell	Registered Manager: Mrs Hilary Blundell
Person in charge at the time of inspection: Mr Paul Blundell Mrs Hilary Blundell	Date manager registered: 2 December 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Inspection summary

An announced inspection took place on 3 August 2017 from 10:00 to 12:15.

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

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

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

Two areas requiring improvement against the standards were identified: one, stated for the second time, was in relation to items stored on the floor of the decontamination room, and one was to seal the flooring of the decontamination room at the edges.

Patients who submitted questionnaire responses indicated a high level of satisfaction with the 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
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Hilary Blundell, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 16 August 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 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 Mrs Blundell, registered person, an associate dentist, a dental nurse and a receptionist. A tour of the premises was also undertaken.

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

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination
- radiography

- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as ‘met’, ‘partially met’, or ‘not met’.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 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 16 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 providers must ensure that enhanced AccessNI checks are obtained prior to any new staff commencing work in the practice.	Met
	Action taken as confirmed during the inspection: One new staff member has been recruited since the previous inspection. Review of the personnel file of this staff member evidenced that the enhanced AccessNI check had been obtained prior to them commencing work in the practice.	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p>	<p>It is recommended that staff personnel files for any newly recruited staff should contain all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as detailed:</p> <ul style="list-style-type: none"> • positive proof of identity, including a recent photograph • details of the enhanced AccessNI disclosure • two written references, one of which should be from the current/most recent employer • details of a full employment history, including an explanation of any gaps in employment • documentary evidence of qualifications, where applicable • evidence of current GDC registration, where applicable • criminal conviction declaration on application • confirmation that the person is physically and mentally fit to fulfil their duties • evidence of professional indemnity insurance, where applicable <p>It is recommended that positive proof of identity, including a recent photograph should be obtained in respect of staff employed since the practice registered with RQIA.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation evidenced that this area for improvement has been addressed.</p>	

<p>Area for improvement 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The following issues identified in relation to infection prevention and control should be addressed in keeping with best practice guidance:</p> <ul style="list-style-type: none"> • The floor in the decontamination room should be decluttered and remain decluttered to ensure that effective cleaning can take place. • Hand washing basins should be used solely for hand washing and any plugs should be removed. • Waste bins in clinical areas should be pedal or sensor operated. • Sharps boxes should be stored off the floor. 	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff and observations made evidenced that this area for improvement has been addressed, with the exception of some items that were stored on the floor of the decontamination room. This aspect of the area for improvement has been stated for the second time.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Colour coded cleaning equipment should be in keeping with the National Patient Safety Agency (NPSA).</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff and observations made evidenced that this area for improvement has been addressed.</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

Two 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 two 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 Mrs Blundell confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for this staff member 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.

A staff register had not been developed; however, Mrs Blundell confirmed by email on 4 August 2017, that this had been established.

Safeguarding

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

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in

keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

One overarching policy was in place for the safeguarding and protection of adults and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. The policy had been revised to reflect the regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015); however, the term 'vulnerable adult' as opposed to 'adult at risk of harm' was still referenced. Mrs Blundell readily agreed to address this.

It was confirmed that copies of the regional policy 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance '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. 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.

The following issues were not in keeping with best infection control practice:

- Items were stored on the floor of the decontamination room.
- Flooring in the decontamination room was not sealed at the edges.

As discussed previously an area for improvement against the standards has been stated for the second time in relation to items being stored on the floor of the decontamination room. An area

for improvement has been identified against the standards in relation to the flooring of the decontamination room.

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector and a steam steriliser, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. The information in relation to the daily automatic control test (ACT) recorded the total sterilisation time as opposed to the sterilising hold time. This was discussed with Mrs Blundell and the lead decontamination nurse and it was agreed that the sterilising hold time would be recorded in future.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool.

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

Radiography

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

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties, with the exception of one staff member. This was addressed during the inspection. Records evidenced that staff have received local training in relation to their duties. 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, with the exception of one staff member. This was addressed during the inspection. 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.

Detailed cleaning schedules for all areas and a colour coded cleaning system were in place.

Arrangements are in place for maintaining the environment. This included portable appliance testing (PAT), fire safety equipment servicing and annual review of the health and safety risk assessment by an external contractor

A legionella risk assessment was in place.

Mrs Blundell advised that a fire risk assessment had been undertaken approximately six months ago by an external contractor and confirmed that any recommendations made had been addressed. Fire safety training is provided and fire drills are carried out every six months. Staff demonstrated that they were aware of the action to take in the event of a fire.

Pressure vessels were inspected under the written scheme of examination of pressure vessels in October 2016.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms. Mrs Blundell confirmed by email on 4 August 2017, that a written security policy to reduce the risk of prescription theft and misuse was being developed.

Patient and staff views

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

- “Definitively –clean and very well maintained.”
- “Always felt well looked after within a very safe and hygienic environment.”
- “At all times from going in to coming out. I do feel safe as Hilary and her staff are very professional. Hilary explains everything clearly and concise, so I trust in what she says and does. I had in my last dentist been treated carelessly, Hilary and her staff changed that!”

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

Areas for improvement

The floor in the decontamination room should be decluttered and remain decluttered to ensure that effective cleaning can take place.

The flooring in the decontamination room should be sealed at the edges.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Mrs Blundell and the associate dentist 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. These were not reviewed during the inspection.

The practice is registered with the Information Commissioner's Office (ICO). Confirmation was provided to RQIA on 4 August 2017 that a Freedom of Information Publication Scheme had been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. A range of health promotion information leaflets was available in the reception area. Staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording

- IPS HTM 01-05 compliance
- clinical records
- patient satisfaction
- review of complaints/accidents/incidents

Communication

Mrs Blundell and the associate dentist confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a three 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 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.

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. Twelve patients indicated they were very satisfied with this aspect of care and three indicated they were satisfied. Comments provided included the following:

- “Treatment required is always very well explained and alternatives/details discussed.”
- “Everything was explained perfectly, my comments and questions were answered expertly, and any following needed work was explained clearly so I understood my teeth were cared for by them, and with help from them, I can look after them myself.”
- “Before my treatment I feel I can ask as many questions as I need and they are always answered to my satisfaction.”

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 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. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate. Results of the most recent patient satisfaction survey were on display in the waiting area.

A policy and procedure in relation to confidentiality was in place; this was not reviewed during the inspection.

Patient and staff views

Fourteen of the 15 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care; one patient did not respond. Fourteen patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Comments provided included the following:

- “Any concerns that I might have are always well explained. No complaints.”
- “As a very nervous dental patient I have been reassured regarding all aspects of my treatment and hence much less stress.”
- “High standard of service and care.”
- “My time with Hilary and her staff was at all times dignified and any choices that had to be made by me were explained in detail, so nothing could go wrong with my decisions. Care to be made in the future about my teeth was clearly shown and I felt it mattered that I looked after my teeth myself.”
- “There is a suggestion box in the waiting room.”

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. Four staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Staff

spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance arrangements

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

There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed at least on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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

Mrs Blundell 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. The practice is a member of the British Dental Association (BDA) Good Practice Scheme.

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

Mrs Blundell 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 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. Thirteen patients indicated they were very satisfied with this aspect of the service and two indicated they were satisfied. Comments provided included the following:

- “Absolutely no complaints.”
- “Could not be improved on.”
- “Staff are very knowledgeable and professional.”
- “This surgery is very well run. Dentists and staff very professional. I have no complaints of my treatment.”
- “Hilary and her staff are great as a unit, one working with the other like a well-oiled machine. She led from the front, treating her staff with great consideration. She is to be praised for the high standard of her work, which has rubbed off on her staff.”

All submitted staff questionnaire responses indicated that they felt that the service is well led and 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 Mrs Hilary Blundell, registered person, 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; The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011; and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP **via Web Portal** for assessment by the inspector.

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 Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 13 Stated: Second time To be completed by: 4 August 2017	<p>The following issues identified in relation to infection prevention and control should be addressed in keeping with best practice guidance:</p> <ul style="list-style-type: none"> The floor in the decontamination room should be decluttered and remain decluttered to ensure that effective cleaning can take place. <p>Ref: 6.2, 6.4</p>
	<p>Response by registered person detailing the actions taken: The clutter has been removed from the decontamination room floor and all staff instructed that it must be kept that way from now on.</p>
Area for improvement 2 Ref: Standard 13 Stated: First time To be completed by: 3 September 2017	<p>The registered person shall ensure that the flooring in the decontamination room is sealed at the edges.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A flooring company has been contacted about sealing the edges of the flooring in the decontamination room. We hope to have it fixed before Christmas but it might need to be completely refloored.</p>

**Please ensure this document is completed in full and returned via Web Portal*



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