

# Announced Care Inspection Report 8 June 2016



## **Bovally Dental Practice**

**Service Type: Dental Service**

**Address: Bovally House, Anderson Avenue, Limavady, BT49 0TF**

**Tel No: 028 7776 6980**

**Inspector: Stephen O'Connor**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Bovally Dental Practice took place on 8 June 2016 from 09:50 to 13:00.

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

### **Is care safe?**

Observations made, review of documentation and discussion with Mr Leslie McKee, registered person and staff demonstrated that a number of issues need to be addressed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Two requirements have been made in relation to installing a ventilation system in the decontamination room and the provision of emergency medicines. The requirement in relation to the ventilation system had been stated as a recommendation during the previous inspection. Three recommendations have been made in relation to the provision of safeguarding refresher training, a copy of the validation certificates in respect of the steam sterilisers should be submitted to RQIA and servicing arrangements for the x-ray equipment should be established.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr McKee and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Mr McKee and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

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

Information gathered during the inspection evidenced that in the main there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation.

As discussed above a number of issues were identified within the safe domain, which relate to quality assurance and good governance. The requirements and recommendations made during this inspection must be actioned to ensure improvements are made. It is also important that these are kept under review to ensure improvements are sustained. No requirements or recommendations have been made.

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

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	3

Details of the QIP within this report were discussed with Mr Leslie McKee, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

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

### 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Leslie McKee	<b>Registered manager:</b> Mr Leslie McKee
<b>Person in charge of the service at the time of inspection:</b> Mr Leslie McKee	<b>Date manager registered:</b> 12 September 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

### **3.0 Methods/processes**

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Leslie McKee, registered person, an associate dentist, a dental nurse and a receptionist. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

### **4.0 The inspection**

#### **4.1 Review of requirements and recommendations from the most recent inspection dated 22 May 2015**

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

**4.2 Review of requirements and recommendations from the last care inspection dated 22 May 2015**

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> Ref: Regulation 19 (2) Schedule2 Stated: First time	The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the submitted staff list and discussion with Mr McKee and staff demonstrated that no new staff have commenced employment in Bovally Dental Practice since the previous inspection. Discussion with Mr McKee demonstrated that he is aware of the procedure for undertaking and reviewing AccessNI enhanced disclosure checks including that the check must be in place prior to new staff commencing employment.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> Ref: Standard 13 Stated: Third time	In keeping with best practice guidance as outlined in HTM 01-05 the following issue in the decontamination room should be addressed: <ul style="list-style-type: none"> <li>• Extract and make-up ventilation should be installed</li> </ul>	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the decontamination room demonstrated that a ventilation system had not been installed. Mr McKee confirmed that an external engineering and ventilation company have visited the practice and provided advice/guidance in regards to the installation of a ventilation system as well as a quote to complete the work. In order to install a ventilation system structural changes are required, to include the bricking up of two windows and removal of the exterior roof. Mr McKee confirmed that as the installation of a ventilation system requires structural changes to the fabric of the building and a significant financial investment the work has not been scheduled.  This recommendation has not been addressed and a requirement has been made.	

<p><b>Recommendation 2</b></p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>Hot and cold water temperatures must be routinely monitored and records retained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of documentation demonstrated that hot and cold sentinel water temperatures are routinely monitored and records retained.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>In keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 the Infection Prevention Society (IPS) audit tool must be completed every six months.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> It was confirmed that the most recent HTM 01-05 compliance audit using the IPS audit tool was completed on the day prior to the inspection. Mr McKee confirmed that this audit will be completed every six months in keeping with best practice guidance.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If being stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that it is stored between 2 and 8 °C. If stored at room temperature a revised expiry date should be recorded on the medication packaging and expiry date check list to reflect that the cold chain has been broken.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Mr McKee confirmed that a decision was taken to store Glucagon at room temperature and revise the expiry date to confirm that the cold chain had been broken. However, review of the medical emergency medicines demonstrated that Glucagon was not available and review of documentation demonstrated that Glucagon had been removed from the medical emergency expiry date checklist. This was discussed with Mr McKee who readily agreed to provide Glucagon. Mr McKee confirmed in an email to RQIA on 23 June 2016 that Glucagon is now available in the practice.</p> <p>This recommendation has been met, however a requirement has been made in regards to the provision of emergency medicines.</p>	<p><b>Met</b></p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that oropharyngeal airways, and portable suction are provided in keeping with the Resuscitation Council (UK) Minimum equipment list for cardiopulmonary resuscitation – primary dental care.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Oropharyngeal airways were observed, however these were retained in sterilisation pouches and therefore an expiry date could not be identified. Mr McKee confirmed that the portable suction available had been in place for a number of years, therefore a new portable suction device had been ordered.</p> <p>Mr McKee confirmed in an email to RQIA received on 24 June 2016 that oropharyngeal airways in the manufacturer’s packaging and a new portable suction device have been provided.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the following issues in relation to AccessNI are addressed:</p> <ul style="list-style-type: none"> <li>• The recruitment policy and procedure should be further developed to include the procedure for undertaking enhanced AccessNI checks, and</li> <li>• AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the recruitment policy demonstrated that it has been further developed to specify that AccessNI enhanced disclosure checks must be undertaken and received prior to commencement of employment. As discussed previously no new staff have commenced employment in the practice since the previous inspection. However, discussion with Mr McKee demonstrated that he is aware of best practice in regards to the handling of AccessNI disclosure checks.</p>	<p style="text-align: center;"><b>Met</b></p>



<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the following information should be retained in the personnel files of any newly recruited staff:</p> <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph;</li> <li>• evidence that an enhanced AccessNI check was received prior to commencement of employment;</li> <li>• two written references, , including one from the most recent employer;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• documentary evidence of qualifications, where applicable;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties;</li> <li>• evidence of professional indemnity insurance, where applicable;</li> <li>• contract of employment/agreement and</li> <li>• job description.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> As discussed previously no new staff have commenced employment in the practice since the previous inspection. However, discussion with Mr McKee demonstrated that he is fully aware of the recruitment documentation to be retained should new staff be employed in the future.</p>	<p><b>Met</b></p>
<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that a staff register should be developed and retained containing staff details including, name, date of birth, position; dates of employment; details of professional qualification and professional registration with the GDC, where applicable.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of documentation demonstrated that a staff register has been developed. Mr McKee is aware that this is a live document and should be kept up-to-date.</p>	<p><b>Met</b></p>



<b>Recommendation 9</b>  <b>Ref:</b> Standard 9.2  <b>Stated:</b> First time	It is recommended that a summary report detailing the main findings of the most recent patient satisfaction surveys is generated. A copy of the report should be made available to patients and other interested parties.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A report dated September 2015 generated from 74 completed patient satisfaction surveys and a report dated February 2016 generated from 102 patient satisfaction surveys were reviewed during the inspection.	

### 4.3 Is care safe?

#### Staffing

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

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

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 Mr McKee confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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

#### Safeguarding

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

Review of records demonstrated that some staff had completed online safeguarding training. However, Mr McKee confirmed that refresher training in safeguarding children and adults had not been provided for all staff for more than two years. A recommendation has been made to address this. The training provided should include the new regional guidance issued during July 2015 by DHSSPS entitled 'Adult Safeguarding Prevention and Protection in Partnership'.

Policies and procedures were in place for the safeguarding and protection of adults and children. 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.

### **Management of medical emergencies**

A review of medical emergency arrangements evidenced that most emergency medicines were provided in keeping with the British National Formulary (BNF). As discussed previously it was established that Glucagon was not available in the practice. Following the inspection Mr McKee confirmed in an email to RQIA received on 24 June 2016 that Glucagon was available in the practice. A requirement has been made in regards to the provision of emergency medicines.

Review of emergency equipment demonstrated that in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. As discussed previously issues in regards to oropharyngeal airways and portable suction were identified. Following the inspection Mr McKee confirmed in an email to RQIA received on the 24 June 2016 that oropharyngeal airways and portable suction have been provided. It was confirmed that an automated external defibrillator (AED) was not available in the practice. However, it was established that the practice has timely access to an AED and procedures in this regard are in place. 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 in keeping with best practice guidance. Review of training records demonstrated that the most recent occasion staff completed medical emergency refresher training was during April 2015 and that refresher training has been scheduled for 22 June 2016.

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 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. As discussed previously a recommendation to install a ventilation system in the decontamination had been made for the third time during the previous inspection. It was confirmed during this inspection that a ventilation system has not been installed in the decontamination room. A requirement has been made to address this.

Appropriate equipment, including a washer disinfectant and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that the washer disinfectant had been appropriately validated. However, the most recent validation certificates for the sterilisers were dated 11 March 2015. This was discussed with Mr McKee who confirmed that the sterilisers were serviced the week prior to the inspection and that he thought the engineer had validated the sterilisers at the same time. Mr McKee confirmed that he would be scheduling the validation of the sterilisers in the weeks following this inspection. A recommendation has been made that a copy of the steam steriliser validation certificates is forwarded to RQIA. 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 discussed previously the practice continues to audit compliance with HTM 01-05 using the IPS audit tool. The most recent IPS audit was completed during June 2016.

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

## **Radiography**

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

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, 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 been addressed.

Review of documentation confirmed that arrangements are in place to ensure that x-ray equipment is repaired should a fault be detected. However, no arrangements have been established to ensure that x-ray equipment is serviced in accordance with manufacturer's instructions. This was discussed with Mr McKee and a recommendation has been made to address this.

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

## **Environment**

The environment was maintained to a high 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 were in place for maintaining the environment to include annual servicing of the oil burner, intruder alarm, air conditioning system, fire detection system and firefighting equipment and portable appliance testing (PAT) of electrical equipment.

A legionella risk assessment was completed by Mr McKee and has been reviewed annually. Control measures to minimise the risk of legionella have been implemented and records retained.

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

A written scheme of examination of pressure vessels was in place and review of documentation demonstrated that all pressure vessels have been examined during June 2014 in keeping with the scheme. Pressure vessels are due re-examination during July 2016.

## **Patient and staff views**

Eight patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was included:

- "Great practice always willing to help and explain"

Nine staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm.

## **Areas for improvement**

Safeguarding training should be provided to all staff in keeping with DHSSPS Minimum Standards for Dental Care and Treatment (2011).

Emergency medicines as specified in the British National Formulary (BNF) best practice guidance document: medical emergencies in dental practice should be available in the practice at all times.

A ventilation system should be installed in the decontamination room in keeping with best practice guidance as outlined in HTM 01-05.

A copy of the validation certificates for the steam sterilisers should be submitted to RQIA.

Arrangements should be established to ensure that all x-ray equipment is serviced in keeping with manufacturer's instructions.

<b>Number of requirements:</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>3</b>
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#### 4.4 Is care effective?

##### Clinical records

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

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed that treatment plans are developed in consultation with patients. 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. It was confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

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. Discussion with Mr McKee and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of oral health information leaflets were available. It was observed that products supplied by the British Dental Health Foundation to include a puppet and oversized tooth brushes were available to demonstrate brushing techniques to children. Samples of toothpaste and mouth wash have been distributed to patients. An associate dentist confirmed that oral health and hygiene information is sourced online and tailored to the needs of individual 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 records recording

## Communication

Mr McKee and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

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.

## 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.

All nine 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. The following comment was included:

- “Toothaches always seen asap, usually within one hour”

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.5 Is care compassionate?

### Dignity, respect and involvement in decision making

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

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

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

The practice undertakes patient satisfaction surveys on a regular 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. Bovally Dental Practice has a Facebook page that patients can use to leave feedback and rate the service.

**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 nine staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.6 Is the service well led?**

**Management and governance arrangements**

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. 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 on an 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 displayed in the practice. Staff demonstrated a good awareness of complaints management. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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



Mr McKee 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.

An Underperformance (whistleblowing) policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

The registered person demonstrated a clear understanding of their 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.

Review of the previous QIP identified that one recommendation had not been met. The registered person should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame.

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

### **Patient and staff views**

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

All nine staff questionnaire responses indicated that they felt that the service is well led.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## **5.0 Quality improvement plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Leslie McKee, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

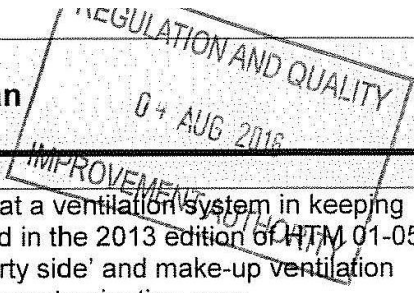
### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 25 (1)</p> <p>Stated: First time</p> <p>To be completed by: 08 September 2016</p>	<p>The registered person must ensure that a ventilation system in keeping with best practice guidance as outlined in the 2013 edition of HATM 01-05 to include extract ventilation on the 'dirty side' and make-up ventilation on the 'clean side' is installed in the decontamination room.</p> <p><b>Response by registered person detailing the actions taken:</b> INSTALLATION OF THIS SYSTEM IS PRIORITY IN OUR FUTURE DEVELOPMENT PLANS.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 15 (6)</p> <p>Stated: First time</p> <p>To be completed by: 15 June 2016</p>	<p>The registered person must ensure that emergency medicines as specified in the British National Formulary (BNF) best practice guidance document: medical emergencies in dental practice are available in the practice at all times.</p> <p><b>Response by registered person detailing the actions taken:</b> THESE ARE ALL IN SITU</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 08 September 2016</p>	<p>The registered person should ensure that all staff receive refresher training in safeguarding children and adults every two years as outlined in the Minimum Standards for Dental Care and Treatment 2011.</p> <p><b>Response by registered person detailing the actions taken:</b> THIS TRAINING WAS <del>BEEN</del> COMPLETED ON OCTOBER 2015 THROUGH ISOMARU DENTAL</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 08 July 2016</p>	<p>The registered person should ensure that a copy of the validation certificates for the steam sterilisers is submitted to RQIA upon return of this Quality Improvement Plan (QIP).</p> <p><b>Response by registered person detailing the actions taken:</b> THESE ARE BEING SENT UNDER SEPARATE COVER.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p> <p>To be completed by: 08 September 2016</p>	<p>The registered person should ensure that all x-ray equipment is serviced and maintained in keeping with the manufacturer's instructions.</p> <p><b>Response by registered person detailing the actions taken:</b> THIS HAS BEEN ORGANISED WITH HENRY SCHEIN DENTAL SUPPLIERS</p>



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