

# Announced Care Inspection Report 10 May 2017



## Boyd Logue Associates, Coleraine

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

**Address: 4-6 Lodge Road, Coleraine BT52 1NB**

**Tel No: 028 7034 4411**

**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 Boyd Logue Associates, Coleraine took place on 10 May 2017 from 09:50 to 13:05.

The inspection sought to assess progress with any issues raised 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.

### Is care safe?

Observations made, review of documentation and discussion with Mr Christopher Bloomer, registered person; Mrs Lisa Mairs, registered manager; and staff demonstrated that further development is needed 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.

Three staff had been recruited since the previous inspection. It was identified that one staff member had commenced employment prior to receipt of a satisfactory AccessNI enhanced disclosure check. It was also identified that not all records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. No written references, no criminal conviction declaration and health records had not been sought and retained in respect for one staff member.

Issues in regards to staff personnel files had been identified during the previous care inspection and a recommendation stated for the second time had been made.

RQIA were concerned that the safeguards, to protect and minimise risk to patients during recruitment, have been compromised. Following consultation with senior management in RQIA, a serious concerns meeting was held at RQIA on 8 June 2017. At this meeting, Mr Bloomer provided a verbal account of the actions taken to date, including the systems and processes that have been implemented to prevent a reoccurrence, and the arrangements made to ensure the minimum improvements necessary to achieve compliance with the legislative requirements identified. Following the submission of documentation to RQIA on the 12th and 14th of June 2017, RQIA were assured that the appropriate actions to address the identified issues have been taken. Additional information in this regard can be found in section 6.3 of this report.

Two requirements have been made, one to ensure that AccessNI enhanced disclosure checks are undertaken and received prior to commencement of employment, and one to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained.

An additional two recommendations have been made, one in relation to retaining records of induction, and one to review the procedure for the decontamination of dental handpieces.

### Is care effective?

Observations made, review of documentation and discussion with Mr Bloomer, Mrs Mairs 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 Bloomer, Mrs Mairs 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 provider's understanding of their role and responsibility in accordance with legislation. As discussed above a number of issues were identified within the 'Is care safe?' domain which relate to quality assurance and good governance. Implementation of the requirements and recommendations made above will further enhance the governance arrangements in the practice. No requirements or recommendations have been made under the well led domain.

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

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

## **1.1 Inspection outcome**

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Christopher Bloomer, registered person, and Mrs Lisa Mairs, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent pre-registration care inspection on 26 August 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Amaris(North Coast) Ltd/ Mr Christopher Bloomer	<b>Registered manager:</b> Mrs Lisa Mairs
<b>Person in charge of the practice at the time of inspection:</b> Mr Christopher Bloomer	<b>Date manager registered:</b> 11 May 2017
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 7

Prior to the inspection a full and complete registered manager application was submitted to RQIA in respect of Mrs Lisa Mairs. Following the inspection the registered manager application was approved with effect from 11 May 2017.

## 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
- Returned completed patient and staff questionnaires

During the inspection the inspector met with Mr Christopher Bloomer, registered person; Mrs Lisa Mairs, registered manager; two associate dentists; the decontamination room assistant; and a receptionist. A tour of some areas 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 26 August 2016

The most recent inspection of the establishment was an announced pre-registration 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 26 August 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 12.1 <b>Stated:</b> Second time	It is recommended that a protocol is developed outlining the procedure to be followed in relation to accessing and using the automated external defibrillator (AED) located in the local fire station.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following the pre-registration care inspection the practice purchased an AED. The AED was observed in the practice manager's office and staff have been trained in the use of the AED.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 11 <b>Stated:</b> Second time	It is recommended that personnel files should include the following information in respect of any new staff commencing work in the practice: <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, one of which should be from the current/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> </ul>	<b>Not Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of submitted staffing information evidenced that three staff have been recruited since the previous inspection. Review of the identified staff personnel files evidenced that not all documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. This is discussed further in section 4.3 of this report.</p> <p>This recommendation has not been fully addressed and has now been stated as a requirement.</p>	
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p>	<p>Review the procedure for undertaking and recording periodic tests results for all equipment used during the decontamination process to ensure that machine logbooks are in keeping with HTM 01-05.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Separate logbooks for each machine used to decontaminate reusable dental instruments were observed. Review of the machine logbooks evidenced that all periodic tests as outlined in Health Technical Memorandum (HTM) 01-05 have been undertaken and recorded.</p>	
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p>	<p>Establish arrangements to ensure that all x-ray equipment will be serviced and maintained in keeping with manufacturer's instructions. Records of servicing should be retained.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records confirmed that all x-ray equipment has been serviced and maintained in keeping with manufacturer's instructions. It was confirmed that two intra-oral x-ray machines are still under manufacturer's warranty and they will be serviced when due.</p>	

#### 4.3 Is care safe?

##### Staffing

Seven dental surgeries are in operation in this practice. Discussion with Mr Bloomer, Mrs Mairs and 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.

As discussed three new staff have commenced employment in the practice since the previous inspection. Mrs Mairs confirmed that new staff are orientated to the layout of the building and given copies of the practice policies and procedures and staff competencies. However, there was no formal record retained to confirm the topics discussed during induction. A recommendation has been made to address this.

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**

As discussed, during the announced pre-registration inspection on 26 August 2016 a recommendation was stated for the second time in regards to staff personnel files. A review of the submitted staffing information and discussion with Mr Bloomer and Mrs Mairs confirmed that three staff have been recruited since the previous inspection. The available information in respect of the identified staff members was reviewed and the following was noted:

- positive proof of identity for all three staff members
- confirmation that staff were registered with the GDC, where applicable
- two written references in respect of two staff members; no written references were observed in respect of the third staff member; Mrs Mairs confirmed these had been requested
- confirmation that AccessNI enhanced disclosure checks had been received prior to commencement of employment in respect of two staff members; in respect of the third staff member the AccessNI check was received some 13 days after they commenced work
- occupational health records in respect of two staff members; no health records in respect of the third staff member who holds a clinical role
- criminal conviction declarations in respect of two staff members; no criminal conviction declaration in respect of the third staff member
- no contract/agreements of employment for any of the staff member
- no records of induction for any of the staff members

Mr Bloomer and Mrs Mairs were advised that all documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for all staff who commence work in the future.

Mrs Mairs confirmed that in relation to contracts/agreements of employment, two of the identified staff members were in a probationary period and they would not get contracts until such times as they successfully completed their probationary period. It was advised that all staff, including self-employment staff, should have a contract/agreement of employment in place and that any probationary period could form part of their contract/agreement.

As discussed above, review of records confirmed that an AccessNI enhanced disclosure check in respect of one of the staff members had been received some 13 days after they commenced work.

RQIA were concerned that the safeguards, to protect and minimise risk to patients during recruitment, were being compromised. A serious concerns meeting was held at RQIA on 8 June 2017 to discuss the issues identified in regards to recruitment and selection practice.

At the serious concerns meeting Mr Bloomer provided a verbal account of the actions taken to date, including the systems and processes that have been implemented to prevent a reoccurrence and the arrangements made to ensure the minimum improvements necessary to achieve compliance with the legislative requirements identified. During the meeting Mr Bloomer agreed to submit the following information to RQIA: the practice recruitment policy, the recruitment checklist, the application form and the template for recording information contained within AccessNI enhanced disclosure checks. These records were submitted to RQIA on the 12th and 14th June 2017. Review of the submitted information evidenced that robust recruitment processes have been developed. Implementation of these processes will ensure safeguards to protect and minimise risk to patients during the recruitment process are in place.

Having considered the assurances provided at the serious concerns meeting and review of submitted information, and to ensure sustained compliance, two requirements have been made. The requirements relate to ensuring AccessNI enhanced disclosure checks have been undertaken and received prior to commencement of employment; and that all of the information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained prior to commencement of employment.

An additional recommendation has been made in regards to retaining induction records.

## **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 all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Review of records confirmed that the safeguarding lead has completed Level 2 training in safeguarding adults in keeping with regional best practice guidance.

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. Mrs Mairs confirmed that the safeguarding lead in the practice has updated the policies to ensure they fully reflect regional policies and procedures.

It was confirmed that copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 were both available for staff reference.



A discussion took place in relation to the 'Adult Safeguarding Operational Procedures' (September 2016). Mr Bloomer and Mrs Mairs agreed to ensure the operational procedures are implemented within the practice.

### **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 observed 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. It was observed that wallpaper has been used in some clinical areas. This is not in keeping with best practice guidance. Mr Bloomer and Mrs Mairs were advised that when refurbishing clinical areas the use of wallpaper should be avoided.

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

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including two washer disinfectors and four steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

Discussion with staff evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best

practice guidance as outlined in HTM 01-05, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Two handpieces reviewed had the washer disinfectant compatible symbol. Processing of handpieces was discussed with Mr Bloomer and Mrs Mairs who were advised to refer to the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015 issued to all dental practices by the DHSSPS. A recommendation has been made to review the procedure for the decontamination of dental handpieces.

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 seven surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), 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 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.

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 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 to include the routine servicing of the fire detection system and firefighting equipment, portable appliance testing (PAT) of electrical equipment and the inspection of fixed electrical wiring installations.

It was confirmed that both the fire and legionella risk assessments have been completed by external organisations and that arrangements are in place to ensure these risk assessments are reviewed on an annual basis.

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

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 14 indicated that they felt safe and protected from harm. Twelve patients indicated that they felt very satisfied with this aspect of the service; one indicated that they were satisfied and one did not provide a response. Comments provided included the following:

- “Firstly staff are very friendly and approachable. Secondly very knowledgeable and comfortable.”
- “The environment is spotless, staff are helpful, available, polite, well presented. Everything is explained, never rushed, all questions dealt with. Excellent service.”
- “I feel very safe and protected. I feel they go above and beyond to make it a good experience.”
- “Well received. All staff excellent.”

Ten staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Six staff indicated that they were very satisfied with this aspect of the service and four indicated that they were satisfied. Staff spoken with during the inspection concurred with this. The following comment was included in a questionnaire response:

- “Our patients safety always comes first, our staff training is always up to date to accommodate all different needs of patients care.”

### **Areas for improvement**

All information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for all staff, including self-employed staff, recruited in the future.

Records of induction should be retained for any new staff recruited. AccessNI enhanced disclosure checks must be undertaken and received prior to any new staff commencing work in the future.

The procedure for the decontamination of handpieces should be reviewed. Compatible handpieces should be processed in the washer disinfecter.

<b>Number of requirements</b>	<b>2</b>	<b>Number of recommendations</b>	<b>2</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.

Mr Bloomer and an 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.

Manual records are maintained. It was confirmed that an electronic record system will be installed in the weeks following the inspection. Electronic records will 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 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. Mr Bloomer and an associate dentist confirmed that oral health is actively promoted on an individual level with patients during their consultations. Two intra-oral cameras, information leaflets and demonstration models are available for use during oral health and hygiene discussions. The provision of intra-oral cameras exceeds best practice guidance. Hygienist services are available in the practice. It was confirmed that a range of products are available for purchase in the practice and samples of toothpaste are freely distributed to patients. The practice has a website and Facebook page both of which include information in regards to oral health and hygiene.

### 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
- Treatment audits

## Communication

Mr Bloomer and an associate dentist 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 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 14 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Ten patients indicated that they were very satisfied with this aspect of the service; three indicated that they were satisfied and one did not provide a response. Comments provided included the following:

- “Always do their best to get an appointment for you.”
- “Every aspect of care has always been explained and any available options given. All staff are helpful from reception to dentist.”
- “Yes most of the time.”
- “I am always given options and fully listened to.”
- “1<sup>st</sup> Class.”
- “All my concerns are satisfied”

All 10 submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Five staff indicated that they were very satisfied with this aspect of the service and five indicated that they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “Due to move to fully computerised records which will hopefully further enhance patient care.”
- “Treatments are always discussed and options (all available options) given to patient. Consent always granted prior to any dental treatment.”
- “Yes most of the time.”

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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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.

It was confirmed that the practice intends to undertake patient satisfaction surveys on an annual basis. The practice are in the process of collating completed patient satisfaction surveys. Mrs Mairs confirmed that a patient satisfaction report will be produced and that patient feedback whether constructive or critical, will be used by the practice to improve, as appropriate. Mrs Mairs was advised that the patient consultation report should include all means by which patients leave feedback.

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 14 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Eleven patients indicated that they were very satisfied with this aspect of the service; two indicated that they were satisfied and one did not provide a response. Comments provided included the following:

- "I can only answer yes. Excellent care, additional support and liaison with other services."
- "Very respectful and friendly. Feel very protected and privacy is good."

All 10 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 that they were very satisfied with this aspect of the service and six indicated that they were satisfied. Staff spoken with during the inspection concurred with this. The following comment was included in a questionnaire response.

- "Confidentiality is one of the most important things and we are fully trained."

### Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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.

Mr Bloomer is the nominated individual with overall responsibility for the day to day management of the practice. As discussed, prior to the inspection a full and complete registered manager application was submitted to RQIA in respect of Mrs Lisa Mairs. Following the inspection the registered manager application was approved with effect from 11 May 2017.

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 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, discussion with Mrs Mairs and review of documentation 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.

Mr Bloomer and Mrs Mairs 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.

Mr Bloomer and Mrs Mairs demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately. Mr Bloomer confirmed that he is giving consideration to establishing an eighth dental surgery on the ground floor of the premises. Mr Bloomer is aware that should an additional dental surgery be established that a variation to registration application must be submitted to RQIA. Mr Bloomer is also aware that any new surgery must be registered with RQIA prior to the provision of private dental care and treatment.

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

### **Patient and staff views**

All 14 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Eleven patients indicated that they were very satisfied with this aspect of the service; two indicated that they were satisfied and one did not provide a response. Comments provided included the following:

- “As far as I am aware of this aspect of the service it all seems to be very smooth running, well led and staff are very caring and motivated to provide an excellent service to patients.”
- “This is a spotless, efficient, well-run practice. I do not have time for questionnaire jargon life’s too short.”
- “When rescheduling my appointment by the practice I wasn’t given an alternative dentist to see on my date. As I work it is sometimes not easy to get another date as I may have taken a day’s leave.”
- “Very efficient.”
- “Very happy about how it is led.”

All 10 submitted staff questionnaire responses indicated that they felt that the service is well led. Four staff indicated that they were very satisfied with this aspect of the service and six indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Christopher Bloomer, registered person, and Mrs Lisa Mairs, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) for assessment by the inspector.

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

Quality Improvement Plan	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (2) (d) Schedule 2, as amended  <b>Stated:</b> First time  <b>To be completed by:</b> 10 May 2017	<p>The registered person must ensure that all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff, including self-employed staff, recruited in the future.</p> <p><b>Response by registered provider detailing the actions taken:</b> A new robust recruitment policy is now in place and implemented.</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 19 (2) (d) Schedule 2, as amended  <b>Stated:</b> First time  <b>To be completed by:</b> 10 May 2017	<p>The registered person must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff, commencing work in the future.</p> <p><b>Response by registered provider detailing the actions taken:</b> A robust checklist is now in place and implemented.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 11.3  <b>Stated:</b> First time  <b>To be completed by:</b> 10 May 2017	<p>Records of induction should be retained for any new staff recruited.</p> <p><b>Response by registered provider detailing the actions taken:</b> A new robust induction process is now in place and implemented.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time  <b>To be completed by:</b> 10 June 2017	<p>The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.</p> <p><b>Response by registered provider detailing the actions taken:</b> All compatible handpieces have now been identified and are now being processed in the washer disinfectant.</p>

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**



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