

## Announced Care Inspection Report 22 August 2017



### {my}dentist, Thomas Street

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 45 Thomas Street, Portadown, Craigavon, BT62 3AF**  
**Tel No: 028 38332656**  
**Inspector: Norma Munn**

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

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered dental practice with five registered places.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> IDH Acquisitions Limited	<b>Registered Manager:</b> Ms Natalie Bowbanks (Acting)
<b>Responsible Individual(s):</b> Mr Stephen Williams	
<b>Person in charge at the time of inspection:</b> Ms Natalie Bowbanks	<b>Date manager registered:</b> Ms Natalie Bowbanks– application not yet submitted
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

### 4.0 Inspection summary

An announced inspection took place on 22 August 2017 from 10.50 to 14.40.

Ms Bowbanks is the acting manager and the nominated individual with overall responsibility for the day to day management of the practice. Ms Bowbanks confirmed during the inspection that an application to appoint her as registered manager would be submitted to RQIA following the inspection.

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, infection prevention and control, radiology and the environment. Other examples included health promotion and engagement to enhance the patients' experience.

Two areas of improvement under the regulations have been made. These relate to ensuring AccessNI enhanced disclosure checks are received for staff prior to commencing employment and ensuring that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained.

Five areas of improvement under the standards have been made. These relate to the completion of staff inductions, the further development of the safeguarding policies, the provision of Buccolam medication, the storage of emergency medications and the completion and recording of the responsible individual's six monthly monitoring visits.

Patients who submitted questionnaire responses to RQIA indicated they were very satisfied or satisfied with all aspects of care in the practice.

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

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	5

Details of the Quality Improvement Plan (QIP) were discussed with Ms Bowbanks, acting manager, 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 27 April 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 April 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 Mr William Vance, area development manager, Ms Bowbanks, acting manager, one associate dentist, two dental nurses and a receptionist. A tour of some areas of the premises was also undertaken.

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

- staffing
- recruitment and 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 27 April 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 27 April 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (1) (b), (2) (a)  <b>Stated:</b> Second time	<p>A critical examination by the radiation protection advisor (RPA) must be undertaken as a matter of urgency of the intra-oral x-ray unit in surgery 5.</p> <p>Any recommendations made by the RPA should be implemented and records confirming same retained in the radiation protection file.</p> <p>The x-ray unit should not be used until the critical examination has been undertaken.</p> <p>Confirmation should be provided to RQIA.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records and discussion with Ms Bowbanks confirmed that a critical examination of the intra-oral x-ray unit in surgery 5 had been carried out by the RPA on 17 May 2016. No recommendations were made by the RPA.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 15 (1) (b)  <b>Stated:</b> First time	<p>The registered person must ensure that a complete review of the radiation protection file is undertaken to include addressing the issues identified in the body of the report.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records and discussion with Ms Bowbanks confirmed that a full review had taken place of the radiation protection file to address the issues identified during the previous inspection.</p>	

<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time	<p>The registered person should ensure the following information is obtained and retained in the personnel files of any new staff recruited:</p> <ul style="list-style-type: none"> <li>• two written references, one of which should be from the current/most recent employer</li> <li>• a criminal conviction declaration</li> </ul>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  A review of the personnel files of three of the four staff recruited since the previous inspection evidenced that a criminal conviction declaration had been obtained. However, written references and confirmation that the applicant was physically and mentally fit to fulfil their duties had not been obtained. This area for improvement has not been fully addressed.</p> <p>Ms Bowbanks was advised that in respect of staff recruited in the future all records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained.</p> <p>An area of improvement under the regulations has been made in this regard.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time	<p>The registered person should ensure that any faults in a washer disinfectant are repaired as a matter of priority. The facilities management department of the {my}dentist group should be made aware of this and action it accordingly.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  Discussion with staff confirmed that the washer disinfectant had been repaired. The washer disinfectant was fully operational on the day of the inspection.</p>	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 9.3 <b>Stated:</b> First time	The registered person should ensure that the complaints procedure is further developed as outlined in the body of the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The complaints procedure had been further developed to reflect the Department of Health, Social Services and Public Safety (DHSSPS) guidance on complaints handling in regulated establishments and agencies (April 2009), the Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Standards for Dental Care and Treatment (2011) best practice guidance.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> First time	The registered person should submit a notification of the identified incident to RQIA in retrospect and make arrangements to ensure that any future notifiable events are reported in a timely manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement referred to an incident that occurred prior to the previous inspection when Ms Bowbanks was not the acting manager. There was no evidence that this notification had been submitted retrospectively to RQIA following the previous inspection. However, Ms Bowbanks gave assurances that any future notifiable events will be reported to RQIA in a timely manner.	

### 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

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.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of three evidenced that induction programmes had been completed when new staff joined the practice. However, two of the induction records reviewed had not been fully completed or signed by the inductor and inductee. An area for improvement under the standards has been made in this regard.

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.

There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. The {my}dentist group have a training academy based in Manchester and they also provide training to staff through an online training portal. Ms Bowbanks confirmed that following the previous inspection one of the dental nurses has been trained in the provision of intravenous sedation.

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

### **Recruitment and selection**

A review of the submitted staffing information and discussion with Ms Bowbanks confirmed that four staff had been recruited since the previous inspection. A review of the personnel files for three of these staff demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

Written references or confirmation that the person was physically and mentally fit to fulfil their duties had not been sought and retained. As discussed, an area for improvement under the standards had been made previously in relation to obtaining two written references. Ms Bowbanks was advised that in respect of staff recruited in the future all records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained. An area of improvement under the regulations has been made in this regard.

A review of records evidenced that enhanced AccessNI checks had been undertaken for all four members of staff recently recruited. However, two of the AccessNI checks had been received after the date of commencement of employment. An enhanced disclosure check had been undertaken for one of these staff members prior to the commencement of employment. However, this was not an AccessNI enhanced disclosure check. This had been discussed with senior management in RQIA at that time and the appropriate AccessNI enhanced disclosure check was obtained approximately four weeks after the commencement of employment. The enhanced AccessNI check for the second staff member was received approximately three weeks after commencement of employment. An area for improvement under the regulations has been made in relation to ensuring AccessNI enhanced disclosure checks have been undertaken and received prior to commencement of employment.

RQIA are concerned regarding the governance and oversight arrangements in relation to the recruitment and selection of staff. This is discussed further in section 6.7 of the report.

There was a recruitment policy and procedure in place that was comprehensive and reflected best practice guidance.

## **Safeguarding**

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

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

Policies and procedures were in place for the safeguarding and protection of children and adults at risk of harm. However, the policies did not reflect the regional policies and best practice guidance. The policies should include the types and indicators of abuse, the distinct referral pathways in the event of a safeguarding issue arising and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. The name of the safeguarding lead should also be included and the updated policies should be shared with staff. An area for improvement under the standards has been made in this regard.

Copies of the regional policy 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016), the regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and the 'Adult Safeguarding Operational Procedures' (September 2016) were emailed to the practice following the inspection. Ms Bowbanks has agreed to ensure that these documents are made 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) with the exception of the provision of Buccolam in a dosage suitable for a child under one year old. An area for improvement under the standards has been made in this regard.

Several emergency medicines were stored out of their original packaging, subsequently pertinent information in relation to the medications including the patient information leaflets were not available. An area for improvement under the standards has been made in this regard.

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 was in place. Ms Bowbanks confirmed that protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

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

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

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

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

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

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during August 2017.

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.

As discussed the radiation protection file had been revised to include the relevant local rules, employer's procedures and other additional information. The file did not contain evidence that staff had been authorised by the radiation protection supervisor (RPS) for their relevant duties. RQIA received confirmation that this issue had been addressed immediately following the inspection.

Ms Bowbanks confirmed that staff 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.

Confirmation that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions was submitted to RQIA following the inspection.

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 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 are in place for maintaining the environment. The {my}dentist group have a facilities management department to support their practices. They are responsible for ensuring that the fire detection system and firefighting equipment are serviced annually and that relevant risk assessments including the Legionella risk assessment and fire risk assessment are updated in keeping with best practice guidance.

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.

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

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

## **Patient and staff views**

Nine patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Seven patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. No comments were included in submitted questionnaire responses.

Seven staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Four staff indicated they were very satisfied with this aspect of care and three indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

## Areas of good practice

There were examples of good practice found in relation to training, appraisal, infection prevention control and decontamination procedures, radiology and the environment.

## Areas for improvement

Staff induction records should be fully completed and signed by the inductor and inductee on completion.

AccessNI enhanced disclosure checks should be undertaken and received prior to any new staff commencing work in the future.

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

The safeguarding policies should be further developed to ensure they fully reflect regional and best practice guidance. The updated policies should be shared with staff.

Buccolam pre-filled syringes should be provided in sufficient quantity and dosage in keeping with the BNF and as recommended by the Health and Social Care Board (HSCB).

All medications should be kept in the original packaging. Patient information leaflets should be made available for staff reference.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	4

### 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.

Staff 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.

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

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

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

## **Health promotion**

The practice has a strategy for the promotion of oral health and hygiene. There were information leaflets and posters available in regards to oral health and hygiene in the waiting areas of the practice. Ms Bowbanks confirmed that the {my}dentist group have a marketing department that distributes information and posters on a regular basis. The waiting areas also accommodate a TV which plays slideshows with information in regards to the practice, treatments available and oral health and hygiene. 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 waste management
- clinical records
- health and safety
- review of complaints/accidents/incidents

## **Communication**

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 nine patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Seven patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. No comments were included in submitted questionnaire responses.

All seven submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Three staff indicated they were very satisfied with this aspect of care and four indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

## Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.6 Is care compassionate?

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

## Dignity, respect and involvement in decision making

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

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

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

The practice undertakes patient satisfaction surveys on a six monthly basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality.

## Patient and staff views

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

All seven submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Three staff indicated they were very satisfied with this aspect of care and four 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
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

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

### Management and governance arrangements

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

Ms Bowbanks is the acting manager and the nominated individual with overall responsibility for the day to day management of the practice. Ms Bowbanks confirmed during the inspection that an application to appoint her as registered manager would be submitted to RQIA following the inspection.

Ms Bowbanks confirmed that a monitoring visit in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005 had taken place during March 2017. However, the report of the visit was not available to review and the previous area for improvement in relation to staff recruitment had not been fully addressed.

The purpose of the monitoring visit was discussed with Ms Bowbanks, during the inspection and with Mr Vance, area development manager, following the inspection. Both were informed that the monitoring visit and report should include a review or discussion in relation to what progress has been made to address any areas for improvement made during the previous inspection. Mr Vance was also informed about the importance of {my}dentist as an organisation ensuring that the governance and oversight arrangements around the recruitment and selection of staff are robust. An area for improvement under the standards has been made to ensure that the unannounced monitoring visit is carried out at least six monthly and encompasses all aspects of Regulation 26 of The Independent Health Care Regulations Northern Ireland (2005). Reports of the six monthly unannounced visits should be available in the practice for inspection.

Policies and procedures were available for staff reference. In addition to hard copies being available electronic copies of policies and procedures are available on the cascade information management system. The {my}dentist group also have a department who is responsible for ensuring that policies and procedures are reviewed on at least a three yearly basis. Staff spoken with, were aware of the policies and how to access them.

As discussed the complaints policy and procedure had been reviewed since the previous inspection. 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.

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

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

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

Ms Bowbanks demonstrated a clear understanding of her role and responsibility in accordance with legislation. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

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

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

### **Patient and staff views**

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

- “Excellent dentist.”

All seven submitted staff questionnaire responses indicated that they felt that the service is well led. Three staff indicated they were very satisfied with this aspect of the service and four indicated they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “Much better than it was.”
- “Yes, 100%.”

### Areas of good practice

There were examples of good practice found in relation to management of complaints and incidents and maintaining good working relationships.

### Areas for improvement

The unannounced monitoring visit should be carried out at least six monthly and encompass all aspects of Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. Reports of the six monthly unannounced visits should be available in the practice for inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Bowbanks, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) for assessment by the inspector.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> First time  <b>To be completed by:</b> 22 August 2017	<p>The registered person shall 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>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            PRACTICE MANAGER WILL ENSURE ALL AREAS OF RQIA RECRUITMENT CHECKLIST ARE COMPLETED PRIOR TO NEW STARTERS COMMENCING EMPLOYMENT. A FULL RECORD OF ACCESS NI DATES AND SERIAL NUMBERS TO BE KEPT IN PRACTICE AND UPDATED ACCORDINGLY,</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2  <b>Stated:</b> First time  <b>To be completed by:</b> 22 August 2017	<p>The registered person shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff including self-employed staff who commence work in the future.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            TWO WRITTEN REFERENCES WILL BE KEPT ON FILE FOR ALL FUTURE NEW STARTERS RECRUITED ALONG WITH PERSONAL STATEMENT AND FIT TO WORK DOCUMENTS BE COMPLETED BY ALL NEW EMPLOYEES. MANAGER TO ENSURE HEAD OFFICE FORWARD ALL PAPERWORK FOR SELF EMPLOYED STAFF MEMBERS FOR DOCUMENTS TO BE KEPT IN PRACTICE. THIS WILL BE REVIEWED ANNUALLY AS PART OF A STAFF FILE AUDIT. A SIGNIFICANT EVENT HAS BEEN DOCUMENTED IN RELATION TO THIS.</p>
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.3  <b>Stated:</b> First time  <b>To be completed by:</b> 29 August 2017	<p>The registered person shall ensure that staff induction records are fully completed and signed by the inductor and inductee on completion.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            PRACTICE MANAGER TO COMPLETE FULL INDUCTION WITH NEW STAFF MEMBERS AND BOTH INDUCTOR AND INDUCTEE WILL SIGN AND DATE ACCORDINGLY. KEEP IN PERSONAL FILE.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 October 2017</p>	<p>The registered person shall ensure that the safeguarding policies for adults and children are reviewed and further developed to fully reflect the regional policies and best practice guidance.</p> <p>The policies should include the types and indicators of abuse, the distinct referral pathways in the event of a safeguarding issue arising and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. The name of the safeguarding lead should be included and the updated policies should be shared with staff.</p> <p>Ref: 6.4</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 September 2017</p>	<p>The registered person shall ensure that Buccolam pre-filled syringes are provided in sufficient quantity and dosage in keeping with the BNF and as recommended by the Health and Social Care Board (HSCB).</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A NEW POLICY HAS BEEN WRITTEN WHICH IS AWAITING CLINICAL SIGN OFF. THIS WILL BE MADE AVAILABLE TO OUR NI PRACTICES AS SOON AS POSSIBLE AND BEFORE THIS OCTOBER DEADLINE</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 September 2017</p>	<p>The registered person shall ensure that all medications are kept in their original packaging.</p> <p>Patient information leaflets should made available for staff reference.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> NEW MEDICATION HAS BEEN ORDERED WITH ORIGINAL PACKAGING AND PAPERWORK RETAINED. A SIGNIFICANT EVENT HAS BEEN DOCUMENTED IN RELATION TO THIS.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 11.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 September 2017</p>	<p>The registered person shall ensure that the unannounced monitoring visit is carried out at least six monthly and encompass all aspects of Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Reports of the six monthly unannounced visits should be available in the practice for inspection</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b></p>

	THE PROVIDER WILL ENSURE THAT ALL UNANNOUNCED VISITS ARE DOCUMENTED AND A COPY OF THE REPORT WILL BE RETAINED IN THE PRACTICE AS WELL AS SCANNED ONTO THE CENTRAL DATABASE BY THE COMPLIANCE TEAM
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***\*Please ensure this document is completed in full and returned via [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) from the authorised email address\****



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