

Announced Dental Practice Care Inspection Report 27 April 2016



{my}dentist, Thomas Street

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of {my}dentist, Thomas Street took place on 27 April from 09:50 to 12.20. Formerly known as Dental Excellence, Portadown, this practice was bought over by IDH Acquisitions Limited and was registered under this entity with the Regulation and Quality Improvement Authority (RQIA) on 10 March 2016. At this time, the registration of Mr Stephen Williams as the registered person was approved. Mrs Danielle Dillon remained as the registered manager of the practice.

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 Mrs Dillon 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. Two requirements were made in relation to radiology and two recommendations were made in relation to recruitment and selection and timely repair of the washer disinfector. This domain has been assessed as requires improvement.

Is care effective?

Observations made, review of documentation and discussion with Mrs Dillon 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. This domain has been assessed as excellent.

Is care compassionate?

Observations made, review of documentation and discussion with Mrs Dillon 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. This domain has been assessed as excellent.

Is the service well led?

Information gathered during the inspection evidenced that in general 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. Two recommendations have been made in relation to further development of the complaints procedure and the reporting of notifiable events to RQIA.

This domain has been assessed as good. 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
Total number of requirements and recommendations made at this inspection	2	4

Details of the QIP within this report were discussed with Mrs Danielle Dillon, registered 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.

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

Registered organisation/registered person: IDH Acquisitions Limited Mr Stephen Williams	Registered manager: Mrs Danielle Dillon
Person in charge of the service at the time of inspection: Mrs Danielle Dillon	Date manager registered: 12 September 2012
Categories of care: Independent Hospital (IH) - Dental Treatment	Number of registered places: 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 Mrs Danielle Dillon, registered manager, an associate dentist, two dental nurses, a trainee dental nurse and the head 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 02 September 2015

The most recent inspection of the establishment was an announced pre-registration estates inspection. The completed QIP was returned and approved by the estates inspector. Following submission of additional relevant information to the estates inspector, registration of the practice was approved on 10 March 2016.

4.2 Review of requirements and recommendations from the last care inspection dated 01 September 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (1) (b) (2) (a)</p> <p>Stated: First time</p>	<p>A critical examination by the radiation protection advisor (RPA) must be undertaken as a matter of urgency.</p> <p>Any recommendations made by the RPA should be implemented and records confirming same retained in the radiation protection file.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Since the previous inspection a new RPA has been appointed. Review of the radiation protection file evidenced that a critical examination had been carried in respect of four of the five intra-oral x-ray units and confirmation was recorded that recommendations made by the RPA had been addressed.</p> <p>Mrs Dillon advised that all units had been examined; however, she confirmed by email on 27 April 2016 that the critical exam of the x-ray unit in surgery 5 had been overlooked and arrangements would be made to have this carried out. Following discussion with senior management in RQIA, the practice was contacted on 13 May 2016 to confirm that the critical examination had been carried out; it had not. The practice was advised that the x-ray unit in surgery 5 should not be used until such time as the critical examination had been carried out.</p> <p>This recommendation has been partially addressed and is stated for the second time in relation to the x-ray unit in surgery 5, specifying the unit should not be used until the critical examination has been undertaken.</p>	<p>Partially Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 1 Stated: First time	It is recommended that the statement of purpose is further developed to include the relevant qualifications and experience of the registered persons and updated staff information in keeping with regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: Review of the statement of purpose confirmed that it had been updated and was in line with legislation.	
Recommendation 2 Ref: Standard 8 Stated: First time	It is recommended that the following policies should be prioritised for review and to ensure they reflect local and Northern Ireland arrangements as outlined in the body of the report: <ul style="list-style-type: none"> • Safeguarding children and vulnerable adults; • Complaints; and • Infection prevention and control and decontamination. 	Met
	Action taken as confirmed during the inspection: Review of the policy file evidenced that this recommendation has been addressed. Mrs Dillon confirmed that the {my}dentist group are continuing to progress policy development at a corporate level in respect of the Northern Ireland practices they operate.	

<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> • all staff involved in the decontamination process should be aware of the frequency of undertaking periodic tests for the washer disinfectant; • a weekly protein residue test and monthly soil test should be undertaken and recorded in the washer disinfectant logbook; • the dislodged kicker board in the decontamination room should be made good within one month; and • stock/ equipment should not be stored on the floor of the decontamination room. <hr/> <p>Action taken as confirmed during the inspection: Observations made and discussion with staff confirmed that this recommendation has been addressed.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> • on completion of the critical examination by the new RPA the radiation protection file is reviewed and updated; • all relevant staff sign to confirm they have read and understood the local rules; • the use of rectangular collimation is implemented; and • X-ray quality audits are undertaken six monthly and justification and clinical evaluation recording audits are undertaken annually in respect of all dentists. <hr/> <p>Action taken as confirmed during the inspection: Observations made and review of the radiation protection file evidenced that rectangular collimation is in use and staff had signed to confirm they have read and understood the local rules. There was little evidence that radiation protection file had been reviewed and updated following the critical examination by the RPA and x-ray audits were only available in respect of one associate dentist. A number of other issues were identified on review of the radiology protection file and a requirement was made on this matter. The unaddressed aspects of this recommendation have been subsumed in the requirement made.</p>	<p>Partially Met</p>

Recommendation 5 Ref: Standard 11.1 Stated: First time	It is recommended that the staff register is further developed to include dates of birth and the date of leaving employment.	Met
Action taken as confirmed during the inspection: The staff register was up to date and contained the relevant information.		

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.

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

Procedures were in place for appraising staff performance on a six monthly basis and staff confirmed that appraisals had taken place. In addition one to one meetings have been held between the registered manager and individual staff. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of a sample of five personnel files evidenced that appraisals had been completed. There is 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. The training portal includes all mandatory training which staff must complete within specified timeframes. A robust procedure is in place to identify when staff have not completed mandatory training within the specified timeframes. Intravenous sedation is provided in the practice; however, it has been temporarily suspended as there are no dental nurses with the relevant training for the provision of this service. This is good practice. Two dental nurses are currently undergoing training in this area.

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.

A staff register was retained containing all relevant information and was up to date.

Recruitment and selection

A review of the submitted staffing information and discussion with Mrs Dillon confirmed that three staff have been recruited since the previous inspection. A review of the personnel files of two of these staff demonstrated that in general the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. However, there were no references retained in one file and the second file contained only one reference, which was obtained by telephone.

In addition, a criminal conviction declaration was only available in one file. Mrs Dillon advised that some aspects of recruitment and selection are carried out at the {my}dentist head office and she will endeavour to ensure that all of the required information is forwarded to her in respect of recruitment and selection to be retained in staff personnel files.

A recommendation was made that the following information should be obtained and retained in the personnel files of any new staff recruited:

- two written references, one of which should be from the current/most recent employer
- a criminal conviction declaration

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. The most recent training was provided on 9 March 2016. Safeguarding refresher training is a {my}dentist mandatory training course and staff complete this through the online training portal.

A copy of the new regional adult safeguarding guidance was available and Mrs Dillon advised that update staff training will be provided about this at the next staff meeting.

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. It was observed that the format of buccal Midazolam retained was not in keeping with the Health and Social care Board (HSCB) guidance. Mrs Dillon was advised that when the buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance. 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.

Review of the incident book evidenced that a medical emergency had occurred in the practice which was not reported to RQIA. This matter is discussed further in section 4.6 of the report.

Infection prevention control and decontamination procedures

A tour of the premises was undertaken which included three of the five dental surgeries. 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.

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 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. However, review of the washer disinfectant logbook identified that it had not been operation for a period of five months due to a fault. In the interim period, staff have been manually cleaning reusable dental instruments prior to sterilising them. An appropriate log had been retained in respect of the manual cleaning of instruments. Mrs Dillon confirmed that the fault had been reported to the facilities management department of the {my}dentist group at the time, in keeping with corporate policy and follow-up requests had been made to get the washer disinfectant repaired. Dental practices in Northern Ireland have been directed by the Department of Health (DOH) that they must comply with best practice recommendations in HTM 01-05; this includes the incorporation of a washer disinfectant as a validated process within the decontamination process. As such any faults identified with a washer disinfectant must be repaired as a matter of priority; it is concerning that the {my}dentist group failed to progress this repair in a timely manner. A recommendation was made in this regard, this should be brought to the attention of the facilities management department of the {my}dentist group.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool on a six monthly basis. The most recent IPS audit was completed during April 2016.

Radiography

The practice has five surgeries, each of which has an intra-oral x-ray machine and a dedicated radiation protection file was retained. Since the previous inspection a new RPA has been appointed.

Critical examination of intra-oral x-ray units should be carried out every three years. During the previous inspection it was identified that the last critical examination was carried out in June 2012 and should have been reviewed in June 2015.

Subsequently a requirement was made in this regard. As discussed in section 4.2 review of this requirement evidenced that only four of the five units had been examined. Mrs Dillon advised that all units had been examined; however, she confirmed by email on 27 April 2016 that the critical examination of the x-ray unit in surgery 5 had been overlooked and arrangements would be made to have this carried out. Following discussion with senior management in RQIA, the practice was contacted on 13 May 2016 to confirm that the critical examination had been carried out; it had not. The practice was advised that the x-ray unit in surgery 5 should not be used until such time as this was completed. A requirement was made for the second time in relation to the x-ray unit in surgery 5, specifying the unit should not be used until the critical examination has been undertaken.

As also discussed in section 4.2, review of a recommendation made during the previous inspection identified that two of the four aspects of the recommendation pertaining to radiography had not been addressed. These have been included in the information listed below.

The following issues were identified on review of the radiation protection file:

- the local rules and employer's procedures identified that all associate dentists are appointed as radiation protection supervisors (RPS's), however, the authorised persons and training records (entitlement of duty holders) only reflected one associate dentist as the RPS
- dental nursing staff were only authorised to process phosphor plates, whereas they also 'press the button' under supervision of the dentist
- dental staff names were not up to date on the authorised users list
- the local rules (Part 2) does not refer to IRR and IR(ME)R regulations that apply in Northern Ireland
- six monthly x-ray quality grading audits were not available in respect of all associate dentists
- annual justification and clinical evaluation recording audits were not available in respect of all associate dentists
- there was no inventory of x-ray equipment

A requirement was made that a complete review of the radiation protection file should be undertaken to include addressing the issues identified above. Mrs Dillon submitted a revised copy of the local rules and employer's procedures and an inventory of equipment to RQIA on 27 April 2016; these should be retained in the radiation protection file.

It was evidenced that measures are taken to optimise dose exposure include the use of rectangular collimation and digital x-ray processing. Undertaking regular x-ray audits as identified above will further enhance this.

A copy of the local rules was on display near each x-ray machine. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

Environment

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

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

Arrangements were in place for maintaining the environment. This included fixed electrical wiring testing, portable appliance testing, pressure vessels inspection, fire safety equipment testing.

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

The legionella risk assessment was last undertaken in July 2015 and control measures have been implemented. Fixed electrical wiring testing, portable appliance testing and pressure vessels inspection have been carried out within the appropriate timeframes.

Patient and staff views

Fourteen patients submitted questionnaire responses to RQIA. Thirteen indicated that they felt safe and protected from harm, one indicated they did not. Eight patients rated “Is Care Safe?” as excellent, five as good and one as requires improvement. Comments provided included the following:

- “I feel the practice is well maintained and protocols are followed for cleaning instruments etc.”
- “Very nice staff.”

One staff member submitted a questionnaire response and indicated that they feel that patients are safe and protected from harm and rated “Is Care Safe?” as excellent. Staff spoken with during the inspection concurred with this.

Areas for improvement

Two written references and a criminal conviction declaration should be obtained and retained in the personnel files of any new staff recruited:

The registered person should ensure that any faults in a washer disinfectors 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.

A critical examination of the intra-oral x-ray unit in surgery 5 should be undertaken by the RPA as a matter of urgency and any recommendations made implemented. The x-ray unit should not be used until the critical examination has been undertaken.

A complete review of the radiation protection file should be undertaken.

Number of requirements:	2	Number of recommendations:	2
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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 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.

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. The waiting areas also accommodate a TV which plays slideshows with information in regards to the practice, treatments available and oral health and hygiene. The {my}dentist group have a marketing department which distributes new poster displays every three months. They also have a {my}dentist bus which tours different areas which Mrs Dillon hopes will be brought over to Northern Ireland to visit local schools to promote oral health. 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:

- checks of x-ray equipment
- IPS HTM 01-05 audit
- clinical waste management audit
- quarterly Health & Safety audit
- six monthly independent compliance checklist/audit by an external organisation
- independent annual audit of fire and legionella by an external organisation
- review of complaints/accidents/incidents
- surgery and decontamination room checklist
- area manager audit every six weeks
- audit of clinical records every six months by the clinical director

As discussed previously x-ray quality grading audits and x-ray justification and clinical evaluation audits need to be expanded to include audits in respect of all dentists.

Communication

The associate dentist spoken with 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. In addition one to one meetings are held with the registered manager. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions. A clinical newsletter is issued every quarter from the {my}dentist group providing clinical updates in various areas.

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 of the 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 rated "Is Care Effective?" as excellent and seven as good. The following comment was provided:

- "I feel the staff are friendly and approachable and any issues I had were dealt with correctly."

The submitted staff questionnaire response indicated that they feel that patients get the right care, at the right time and with the best outcome for them and rated "Is Care Effective?" as excellent. Staff spoken with during the inspection concurred with this.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 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 every six months. 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.

Patient and staff views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Eleven patients rated “Is Care Compassionate?” as excellent and three as good. The following comment was provided:

- “I feel all my options are discussed and I am able to make the best decision from the information given.”

The submitted staff questionnaire response indicated that they feel that patients are treated with dignity and respect and are involved in decision making affecting their care and rated “Is Care Compassionate?” as excellent. Staff spoken with during the inspection concurred with this.

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. Staff advised that whilst there were a lot of changes initially when the {my}dentist group took over, things have settled now and they are happy working in the practice.

Mrs Dillon is the nominated individual with overall responsibility for the day to day management of the practice. Mrs Dillon is supported by senior staff and her peer group within the {my}dentist organisation.

The area development manager visits, at least every six weeks to undertake an audit. A report and action plan is generated following these visits. A clinical director of the {my}dentist group also visits each practice every quarter. Again a report and action plan is generated following these visits.

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 have a Head of Compliance and Registration who is responsible for ensuring that policies and procedures are reviewed on a three yearly basis.

Mrs Dillon confirmed that the {my}dentist group continues to review current policies to ensure they are reflective of Northern Ireland legislation. 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. A recommendation was made that this is further developed to remove the referral to the HSCB for second stage investigation, identify the referral to the Ombudsman in the event of dissatisfaction only refers to NHS dental care and treatment and include the details of the Dental Complaints Service as the route for dissatisfaction in respect of private dental care and treatment. The details of the HSCB and the GDC should be included as agencies that may be utilised within the complaints investigation at local level and the details of the RQIA should be included as a registering body who take an oversight view of complaints management.

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

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. However, review of the incident book identified that a notifiable event, which although dealt with appropriately, had not been reported to RQIA. Mrs Dillon confirmed that she had reported this through to the {my}dentist support centre, in keeping with corporate policy, who should then notify RQIA. This did not happen. A recommendation was made to submit notification of this incident to RQIA in retrospect and ensure that any future notifiable events are reported in a timely manner.

A system was in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mrs Dillon 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.

The registered manager demonstrated a clear understanding of their role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes.

However, there was a long delay in {my}dentist addressing the requirements and recommendations made by the estates inspector during the pre-registration inspection on 2 September 2015 before registration of the practice could be approved on 10 March 2016. The [my]dentist group should be mindful of the need to action any requirements or recommendations made by RQIA within the specified timescales.

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

Thirteen of the 14 patients who submitted questionnaire responses indicated that they feel that the service is well managed; one patient did not. Seven rated "Is the Service Well Led?" as excellent and seven as good. The following comment was provided:

- "The staff are always welcoming and very approachable and I am seen on time for my appointment and not waiting long."

The submitted staff questionnaire response indicated that they feel that the service is well led and rated it as excellent. Staff spoken with during the inspection indicated it was excellent to good.

Areas for improvement

The complaints procedure should be further developed.

Notification of the identified incident should be reported to RQIA in retrospect and arrangements made to ensure that any future notifiable events are reported in a timely manner.

Number of requirements:	0	Number of recommendations:	2
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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 Mrs Danielle Dillon, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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/s 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(s) 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 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.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 15 (1)
(b), (2) (a)

Stated: Second
time

To be completed by:
13 May 2016

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.

Any recommendations made by the RPA should be implemented and records confirming same retained in the radiation protection file.

The x-ray unit should not be used until the critical examination has been undertaken.

Confirmation should be provided to RQIA.

Response by registered person detailing the actions taken:

performance test completed 17.5.16 - Certification available - There were no recommendations following the report.

Requirement 2

Ref: Regulation 15 (1)
(b)

Stated: First time

To be completed by:
27 June 2016

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.

Response by registered person detailing the actions taken:

This has been fed back to the provider / policy writer for review (Penri Cunnah Head of Health and Safety and Kathy McMahon Regulatory Officer). This will be submitted to the RQIA for approval. Danielle Dillon will complete at practice level once RQIA approved

Recommendations

Recommendation 1

Ref: Standard 11.1

Stated: First time

To be completed by:
27 April 2016

The registered person should ensure the following information is obtained and retained in the personnel files of any new staff recruited:

- two written references, one of which should be from the current/most recent employer
- a criminal conviction declaration

Response by registered person detailing the actions taken:

Head office and the registered manager will ensure that clinician paperwork is passed to practice/uploaded on Cascade.

Danielle Dillon ongoing to obtain 2 references for current new employees going forward from now on request 2 at all times. All CRB checks are in place before any new start, starts and consent is given.

<p>Recommendation 2</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 27 April 2016</p>	<p>The registered person should ensure that any faults in a washer disinfecter 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> <p>Response by registered person detailing the actions taken: RE recomm 2. issues raised have been communicated to the facilites manager and the compliance team</p>
<p>Recommendation 3</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: 27 June 2016</p>	<p>The registered person should ensure that the complaints procedure is further developed as outlined in the body of the report.</p> <p>Response by registered person detailing the actions taken: This is now available. This has been produced to the RQIA</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 17 May 2016</p>	<p>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.</p> <p>Response by registered person detailing the actions taken: The incident was reported to the RQIA and any incidents will be passed within 24 hours of it occuring.The registered manager will take ownership of this and will ensure that any incidents are reported</p>



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