

Announced Care Inspection Report 25 July & 8 August 2016



Knock Orthodontic Practice & Coulter's Dental Surgery

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

Address: 416 Upper Newtownards Road, Belfast BT4 3EZ

Tel No: 028 9065 3031

Inspector's: Stephen O'Connor & Lynn Long

1.0 Summary

An announced inspection of Knock Orthodontic Practice and Coulter's Dental Surgery was carried out by Stephen O'Connor on 25 July 2016 from 09:50 to 12:40. During the inspection on 25 July 2016 a number of records pertaining to recruitment and selection and indemnity arrangements were not available for review. As a result RQIA were unable to conclude the inspection on 25 July 2016. It was agreed with Mr Coulter that the inspection could be concluded on 8 August 2016 on his return from a period of planned leave. Lynn Long concluded the inspection on 8 August 2016 from 12:30 to 12:50.

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

Is care safe?

Observations made, review of documentation and discussion with Mr Coulter, registered person, and staff demonstrated that a number of issues need to be addressed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One recommendation made during the previous inspection in regards to the handling of AccessNI enhanced disclosure certificates has not been addressed and is stated for the second time. An additional six recommendations have been made in regards to retaining records for review, the provision of medical emergency refresher training, clinical waste bins, maintaining separate machine logbooks in respect of decontamination equipment, monitoring and recording of sentinel water temperatures and undertaking a fire risk assessment.

A requirement and two recommendations had been made during the previous care inspection regarding the recruitment and selection of staff. They had not been addressed and issues of concern were also identified during this inspection in relation to the recruitment and selection of staff. RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been continuously compromised.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice.

A meeting was held on 17 July 2016 at the offices of RQIA. As a result a failure to comply notice was issued. The failure to comply notice relates to staff recruitment practices. The date by which compliance must be achieved is 20 October 2016.

Is care effective?

Observations made, review of documentation and discussion with Mr Coulter and staff demonstrated that further development is needed to ensure that care provided in the establishment is effective. Areas reviewed included clinical records, health promotion, audits and communication. Two recommendations have been made in relation to undertaking x-ray audits and establishing staff meetings.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Coulter 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 some deficits in terms of leadership and governance arrangements. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. As discussed records in relation to staff recruitment and selection and indemnity arrangements were not available for review on 25 July 2016. A recommendation has been made to address this.

Whilst Mr Coulter demonstrated a clear understanding of his role and responsibility in accordance with legislation and registration with RQIA, one requirement and three recommendations made during the previous inspection had not been met and a number of additional recommendations were made.

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	9

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr William Coulter, registered person, 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Mr William Coulter	Registered manager: Mr William Coulter
Person in charge of the service at the time of inspection: Mr William Coulter Mrs Juantia Coulter	Date manager registered: 13 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

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 questionnaires. No completed staff questionnaires were returned to RQIA.

During the inspections the inspectors met with Mr Coulter, registered person, a receptionist and a trainee dental nurse. 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 11 May 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 11 May 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule2</p> <p>Stated: First time</p>	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of submitted staffing information demonstrated that one staff member had commenced work in the practice since the previous inspection.</p> <p>During the announced inspection on 25 July 2016 there were no staff personnel files available for review. As a result of the information not being available for review RQIA were unable to conclude the inspection.</p> <p>The inspection was concluded on 8 August 2016.</p> <p>It was confirmed that the enhanced AccessNI check in respect of the staff member recruited since the previous inspection was undertaken and received during March 2016 some ten months after they had commenced employment.</p> <p>This requirement has not been met and has been subsumed into a failure to comply notice.</p>	<p>Not Met and subsumed into a failure to comply notice</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11.1 Stated: First time	It is recommended that the recruitment policy and procedure should be further developed to include information regarding enhanced AccessNI disclosures, job descriptions and contracts of employment/agreement.	Not Met and subsumed into a failure to comply notice
	Action taken as confirmed during the inspection: The recruitment policy reviewed was dated 1 January 2015. This policy did not include information in regards to AccessNI enhanced disclosure checks, job descriptions or contracts of employment/agreements. This recommendation has not been met and has been subsumed into a failure to comply notice.	

<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that in respect of any new staff commencing work in the practice that all information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 should be retained within staff personnel files.</p> <p>In respect of the three staff who commenced work since the practice registered with RQIA the following documentation should be included in their personnel files:</p> <ul style="list-style-type: none"> • positive proof of identity, including a recent photograph; • details of full employment history, including an explanation of any gaps in employment; • documentary evidence of qualifications, where applicable; • evidence of current GDC registration, where applicable; • criminal conviction declaration; • confirmation that the person is physically and mentally fit to fulfil their duties; and • evidence of professional indemnity insurance, where applicable. 	<p>Not Met and subsumed into a failure to comply notice</p>
<p>Action taken as confirmed during the inspection:</p> <p>As discussed one staff member had commenced employment in the practice since the previous inspection. A review of the staff personnel file demonstrated that written references, a criminal conviction declaration and confirmation of satisfactory medical fitness were not retained in a satisfactory manner.</p> <p>This recommendation has not been met and has been subsumed into a failure to comply notice.</p>		

<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that AccessNI disclosure certificates should be handled in keeping with AccessNI Code of Practice and a record retained of the date the check was applied for and received, the unique identification number and the outcome.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records and discussion with Mr Coulter confirmed that the only information recorded in regards to the AccessNI enhanced disclosure check undertaken in respect of the most recently recruited staff member was the unique serial number of the check.</p> <p>This recommendation had not been addressed and it has now been stated for the second time.</p>	<p>Not Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that copies of the indemnity certificates for the registered providers and staff who are employed by the practice must be retained in the practice.</p> <hr/> <p>Action taken as confirmed during the inspection: During the announced inspection on 25 July 2016 the indemnity certificates were not available for review. As discussed the inspection was concluded on 08 August 2016 when a review of indemnity certificates demonstrated that the appropriate indemnity cover was in place.</p> <p>Records pertaining to staff recruitment and selection were not available for review on 25 July 2016. An additional recommendation has been made in regards to retaining records in the practice for review by inspectors.</p>	<p>Met</p>

4.3 Is care safe?

Staffing

Three dental surgeries are available in this practice, however it was confirmed that one of the surgeries is not in routine use. Discussion with staff and a review of completed patient questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

It was confirmed that induction programme templates were available for completing when new staff join the practice.

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

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

During the announced inspection on 11 May 2015 it was identified that three staff had commenced work in the practice since registration with RQIA. In respect of the three staff it was established that two of them had commenced work prior to receipt of an AccessNI enhanced disclosure check being received and that no AccessNI information was available in relation to the third staff member. A requirement was made to address this.

In addition to this requirement three recommendations were made in relation to the further development of the recruitment policy, staff personnel files and the handling of AccessNI certificates.

On the 25 July 2016 Mr Coulter confirmed that information in regards to staff recruitment was not retained at the practice. As a result of this, compliance with the previous requirement and recommendations, in relation to recruitment could not be assessed and the inspection could not be concluded. Following the inspection Mr Coulter agreed that the inspection could be concluded on 8 August 2016.

Mr Coulter confirmed that one member of staff, who had been employed following the inspection on 11 May 2015, had commenced employment prior to receipt of a satisfactory AccessNI enhanced disclosure check. The date of commencement of employment nor the date of receipt of a satisfactory AccessNI enhanced disclosure check were recorded. It was confirmed during discussion that the staff member had commenced work in the practice, in May 2015. It was also confirmed during discussion that a satisfactory AccessNI enhanced disclosure check had not been received until March 2016 some 10 months following the requirement having been made and the staff member commencing employment.

It was established that an AccessNI enhanced disclosure check had been undertaken for all staff employed following registration with RQIA. However, as a result of insufficient recording of information in relation to staff recruitment it was not possible to ascertain if the checks had been received prior to the identified staff commencing work.

Despite having raised these matters during a previous inspection RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being continuously compromised.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice. A meeting was held on 17 August 2016 at the offices of RQIA. As a result a failure to comply notice was issued. The date by which compliance must be achieved is 20 October 2016.

As discussed the only information recorded in respect of AccessNI disclosure certificates was the unique reference number. Mr Coulter was advised that the following information should be recorded:

- a record of the date that the application form was submitted to the umbrella organisation
- a record of the date the enhanced disclosure was received by the practice
- a record of the unique AccessNI reference number on the disclosure certificate
- the outcome of the registered provider's consideration of that certificate

A recommendation stated for the second time has been made in this regard.

A number of issues were also identified in regards to the staff personnel records. In respect of the most recently recruited staff issues were identified in relation to the following:

- no written references had been sought or retained
- confirmation that the person is physically and mentally fit to fulfill their duties
- criminal conviction declarations
- contracts of employment

In respect of references Mr Coulter had made a record that he obtained verbal references. However, the date the verbal references had been sought, the name of the person who had provided the references nor the information obtained had been recorded. Mr Coulter was advised that if he had exhausted all opportunities to obtain two written references, verbal references could be sought and advice was given in regards to the recording of verbal references.

In respect of both health and criminal conviction declarations Mr Coulter had recorded that he had asked the staff members' questions and he had recorded their answers. Mr Coulter was advised that the required information must be a declaration by the staff member and declarations should be signed and dated by them.

In respect of contracts of employment, a template contract was available for review. Mr Coulter was advised that a contract signed by the employer and employee should also be retained.

The issues identified above in regards to the recruitment records to be retained have been subsumed into the failure to comply notice.

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. It was suggested that a copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' should be available in the practice for staff reference.

It was confirmed that two distinct policies and procedures were in place for the safeguarding and protection of adults and children. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines with the exception of an automated external defibrillator (AED) was retained. It was confirmed that an AED is not available in the practice. However, the practice has timely access to an AED. 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.

Discussion with staff confirmed that the most recent occasion staff completed refresher training in the management of medical emergencies was during May 2015. Mr Coulter confirmed that medical emergency refresher training for 2016 had not been scheduled. A recommendation was made in this regard.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

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

It was observed that the clinical waste bins available in surgery one and the decontamination room were not foot or sensor operated. This is not in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices and a recommendation has been made to address this.

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.

Two decontamination rooms, separate from patient treatment areas and dedicated to the decontamination process, are available. Appropriate equipment, including a washer disinfector 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 on 28 and 29 of April 2016.

It was observed that periodic test results in respect of equipment used during the decontamination process is recorded in two A4 hard backed diaries. Review of the washer disinfector diary confirmed that all periodic tests are undertaken and recorded in keeping with HTM 01-05. However, one diary is used to record information in respect of the two steam sterilisers. Review of the steam steriliser diary confirmed that a time, steam and temperature (TST) strip and machine printouts are stapled on the relevant page. This is the only information recorded in the diary. HTM 01-05 specifies that separate logbooks must be maintained for each machine used during the decontamination process and outlines the periodic testing regime for steam sterilisers. A recommendation has been made in this regard.

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 January 2016.

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

Radiography

The practice has two intra-oral x-ray machines. In addition there is orthopan tomogram and a cephalostat x-ray machine located in a dedicated x-ray 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.

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 dated 6 September 2014 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.

Review of the radiation protection file demonstrated that the most recent x-ray audit was dated March 2014. This is discussed further in section 4.4 of this report.

Environment

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

Detailed cleaning schedules were in place for all areas. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment to include annual servicing of the gas boiler, portable appliance testing (PAT) in respect of electrical equipment, intruder alarm, fire detection system and firefighting equipment.

A legionella risk assessment has been undertaken by Mr Coulter. Dental Unit Water Lines (DUWLs) are disinfected using a commercially available biocide in keeping with good practice. Mr Coulter confirmed that water temperatures are not monitored and recorded. A recommendation has been made to address this.

As discussed, records were available to confirm that the fire detection system and firefighting equipment are routinely serviced. Records were also available to confirm that the Northern Ireland Fire and Rescue Service had inspected the establishment during November 2011. However, a fire risk assessment was not available for review. A recommendation has been made to address this.

Staff confirmed that 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 documentation evidenced that the pressure vessels in the practice had been inspected in keeping with the written scheme of examination of pressure vessels during April 2016.

Patient and staff views

Eleven patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- "Staff always wear gloves and masks"
- "Very nice surgery but car park busy"
- "Staff are very approachable and always happy to help"
- "Staff very friendly"

No completed staff questionnaire responses were submitted to RQIA.

Areas for improvement

AccessNI disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

Medical emergency refresher training should be provided annually in keeping with best practice guidance.

Foot operated or sensor operated clinical waste bins should be provided in keeping with HTM 01-05.

Separate logbooks must be maintained for the steam sterilisers. Ensure the logbooks for the steam sterilisers are in keeping with the 2013 edition of HTM 01-05.

Ensure that water temperatures are monitored and recorded in keeping with best practice guidance.

A fire risk assessment must be undertaken by a competent person and an action plan developed to address any issues identified. The fire risk assessment should be retained in the practice for inspection by relevant bodies.

Number of requirements	0	Number of recommendations:	6
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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.

It was confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers, that treatment plans are developed in consultation with patients and that patients are informed about the cost of treatments, choices and options.

Paper records are maintained in this practice. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

It was confirmed that 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. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of oral health information leaflets are available. It was observed that three files are available in the waiting area for patients. One file includes information in regards to dental treatment, one file includes information in regards to oral care and one file includes information in regards to orthodontic treatment.

Audits

Review of documentation demonstrated that the HTM 01-05 compliance audit using the IPS audit tool had been completed during January 2016. However, the most recent x-ray audits in the radiation protection file were dated March 2014. The x-ray quality grading audit should be completed every six months and the justification and clinical evaluation recording audit should be completed annually. A recommendation has been made to address this.

Communication

Mr Coulter and staff 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.

Mr Coulter and staff stated that there was effective communication in the practice. Staff advised that formal staff meetings are not held. However, Mr Coulter and staff confirmed that staff meet at the end of day to discuss clinical and practice management issues, the minutes of these meetings were not recorded. Staff meetings should be held on a regular basis and minutes should be retained and shared with any staff members unable to attend. A recommendation has been made in this regard.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

All 11 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- “When there is an emergency I am always seen on that day”
- “Happy with the quality of treatment”
- “Very accommodating with appointment times”
- “The dental care given was of an outstanding standard”
- “Dentist explains everything”

As discussed, no completed staff questionnaire responses were submitted to RQIA.

Areas for improvement

Radiology audits should be completed in keeping with legislative and best practice guidance.

Staff meetings should be established and held on a regular basis and minutes retained.

Number of requirements	0	Number of recommendations:	2
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

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

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

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

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

Patient and staff views

All 11 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- "Always makes sure I understand what treatment options are"
- "All aspects of the treatment were well explained"
- "Always explain the range of treatment options clearly and then allow me to make the final decision"
- "Staff helpful and friendly"
- "I am always well consulted and am able to make decisions regarding my care"

As discussed, no completed staff questionnaire responses were submitted to RQIA.

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

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

In the main arrangements were in place to review risk assessments. As discussed a recommendation has been made in regards to undertaking a fire risk assessment.

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 returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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

Mr Coulter confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals and that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. However, as discussed previously in section 4.4 of this report the most recent x-ray audits were completed during March 2014. This is not in keeping with best practice guidance and a recommendation has been made in this regard.

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

It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

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

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

Review of the previous QIP identified that one requirement and three of the four recommendations were not met. The registered person should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame. As discussed previously issues of concern were identified during this inspection in relation to the recruitment and selection of staff. RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been continuously compromised. As a result a failure to comply notice was issued. The date by which compliance must be achieved is 20 October 2016.

Evidence gathered during the inspection has identified a number of issues which could affect the delivery of safe and effective care, all of which have an impact on quality assurance and good governance. Eight recommendations have been made in order to progress improvement in identified areas. The lack of governance arrangements within the practice and the recommendations made during this inspection must be actioned to ensure improvements are made. It is important these are kept under review to ensure improvements are sustained. An additional recommendation was made to ensure that all records pertaining to the practice are retained at the practice for review by inspectors.

Patient and staff views

All 11 patients who submitted questionnaire responses indicated that they feel that the service is well managed. Comments provided included the following:

- “Staff always look presentable and are friendly”
- “Reception staff very helpful”

As discussed, no completed staff questionnaire responses were submitted to RQIA.

Areas for improvement

Ensure that all records pertaining to the practice are retained at the practice for review by inspectors.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Coulter, registered person, 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to independent.healthcare.@rqia.org.uk for review 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

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p> <p>To be completed by: 08 August 2016</p>	<p>It is recommended that AccessNI disclosure certificates should be handled in keeping with AccessNI Code of Practice and a record retained of the date the check was applied for and received, the unique identification number and the outcome.</p> <p>Response by registered provider detailing the actions taken: In future all documents will be kept in line with the above recommendations.</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: 25 September 2016</p>	<p>Arrangements should be established to ensure that all staff complete medical emergency refresher training annually in keeping with Resuscitation Council (UK) guidelines.</p> <p>Response by registered provider detailing the actions taken: A refresher course has been organised with our provider Surviva link for 27TH September this was the earliest date that they could accommodate the training.</p>
<p>Recommendation 3</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 25 August 2016</p>	<p>Foot operated or sensor operated clinical waste bins should be provided in keeping with HTM 01-05.</p> <p>Response by registered provider detailing the actions taken: We have contacted our clinical waste supplier and they are arranging foot operated clinical waste bins to be installed in the surgeries.</p>
<p>Recommendation 4</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 25 August 2016</p>	<p>Separate logbooks must be maintained in respect of the steam sterilisers. Ensure the logbooks for the steam sterilisers record the outcome of the periodic testing undertaken as outlined in the 2013 edition of HTM 01-05.</p> <p>Response by registered provider detailing the actions taken: Specialist log books have been ordered for each steriliser although it should be pointed out that only one steriliser was in daily use, the other fully validated steriliser was only used in emergencies if there was a problem with the main steriliser</p>
<p>Recommendation 5</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 25 August 2016</p>	<p>Ensure that water temperatures are monitored and recorded in keeping with best practice guidance as outlined in Legionnaires' disease Part 2: The control of legionella bacteria in hot and cold water systems.</p> <p>Response by registered provider detailing the actions taken: A program has been instigated to record and monitor water temperatures in the hot and cold water systems.</p>

<p>Recommendation 6</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p> <p>To be completed by: 25 September 2016</p>	<p>A fire risk assessment must be undertaken by a competent person and an action plan developed to address any issues identified. The fire risk assessment should be retained in the practice for inspection by relevant bodies.</p> <p>Response by registered provider detailing the actions taken: A full fire risk assessment had been carried out in 2011 by Health and Safety consultant Peter Scott and its recommendations acted on. In addition the NI Fire Brigade had also inspected our premises and were satisfied with the arrangements in place. The fire risk assessment was located in the Health and Safety Manual in the risk assessment section and was present on the date of inspection.</p>
<p>Recommendation 7</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 25 August 2016</p>	<p>X-ray quality grading audits should be completed on a six monthly basis and justification and clinical evaluation recording audits should be completed on an annual basis.</p> <p>Response by registered provider detailing the actions taken: X ray quality grading audits had been carried out and were located in the Radiation Protection File, Section 6d Image Quality Audit, as were the justification and clinical evaluation audits</p>
<p>Recommendation 8</p> <p>Ref: Standard 11.6</p> <p>Stated: First time</p> <p>To be completed by: 25 August 2016</p>	<p>Establish regular staff meetings. Minutes of all staff meetings should be retained and shared with any staff who were unable to attend the meeting.</p> <p>Response by registered provider detailing the actions taken: As a small practice with only 5 employees staff meetings are held at the end of every session when any problems are discussed, any concerns are raised by the staff and any information from the various regulatory bodies passed onto them. Having been a principal for over 25 years it is a system that has worked well and the staff prefer these slightly less formal gatherings as any problems can be addressed there and then.</p>
<p>Recommendation 9</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 08 August 2016</p>	<p>Ensure that all records pertaining to the practice are retained at the practice for review by inspectors.</p> <p>Response by registered provider detailing the actions taken: Records pertaining to the practice will be retained in the practice.</p>



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