

Announced Care Inspection Report 10 January 2018



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: Stephen O'Connor

www.rqia.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 three registered places.

3.0 Service details

Registered organisation/registered providers: Mr William Coulter Mrs Juantia Coulter	Registered manager: Mr William Coulter
Persons 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

4.0 Inspection summary

An announced inspection took place on 10 January 2017 from 09.55 to 12.25.

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, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

An area of improvement made during the previous announced care inspection to establish regular staff meetings has not been met and is stated for the second time. Two other areas of improvement have been identified during this inspection; one to formalise the arrangements in respect of staff appraisal and one to develop a staff register.

All of the patients who submitted questionnaire responses indicated that they were satisfied with the care and services provided. Patient comments provided in submitted questionnaires included the following:

- "Great pain relief and friendly staff."
- "Friendly staff."
- "The staff were very helpful and approachable."

- “Staff very helpful.”
- “My dentist and his staff are wonderful, professional and caring.”
- “Excellent service provided by all staff.”
- “Always excellent service.”
- “I and my family have always found this practice and staff extremely courteous and helpful. We have never had any issues since joining.”
- “Very professional, eager to help. Receptionist is extremely helpful and polite on the phone and on arrival.”

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
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) 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 did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent enforcement compliance care inspection dated 13 September 2016

Following an announced care inspection commenced on 25 July 2016 and concluded on 8 August 2016, a failure to comply notice was issued to Knock Orthodontic Practice & Coulter’s Dental Surgery on 18 August 2016 relating to poor practice associated with the recruitment and selection of staff.

An unannounced enforcement compliance inspection was carried out on 13 September 2016 to assess compliance with the failure to comply notice. Evidence was available to validate full compliance with the failure to comply notice.

The areas for improvement identified during the announced inspection commenced on 25 July 2016 and concluded on 8 August 2016 were not reviewed during the enforcement compliance inspection carried out on 13 September 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 announced inspection commenced on 25 July 2016 and concluded on 8 August 2016
- 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 Coulter, registered person; a trainee nurse; 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 announced 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 commenced on 25 July 2016 and concluded on 8 August 2016

The most recent inspection of the practice was an enforcement compliance inspection undertaken on 13 September 2016. No areas for improvement were identified during this inspection.

The completed QIP for the announced care inspection commenced on 25 July 2016 and concluded on 8 August 2016 was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection commenced on 25 July 2016 and concluded on 8 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 11.1 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of the submitted staffing information and discussion with Mr Coulter evidenced that two staff have been recruited since the previous inspection. Review of the personnel files for the identified staff members evidenced that AccessNI enhanced disclosure checks have been handled in keeping with the AccessNI Code of Practice and all pertinent information contained within the checks recorded.	
Area for improvement 2 Ref: Standard 12.3 Stated: First time	Arrangements should be established to ensure that all staff complete medical emergency refresher training annually in keeping with Resuscitation Council (UK) Guidelines.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that the most recent occasion staff completed refresher training in medical emergencies was on 18 October 2017. Mr Coulter confirmed medical emergency refresher training will be completed annually.	
Area for improvement 3 Ref: Standard13.2 Stated: First time	Foot operated or sensor operated clinical waste bins should be provided in keeping with HTM 01-05.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>It was observed that the clinical waste bins in the decontamination room and surgery one were pedal operated in keeping with best practice guidance.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>Review of records evidenced that separate pre-printed logbooks were available for each piece of equipment used to decontaminate reusable dental instruments.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>Review of records evidenced that hot and cold water temperatures are being monitored and recorded on a monthly basis.</p>	Met
<p>Area for improvement 6</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>Review of records evidenced that an external organisation had completed a fire risk assessment during 2011 and that the Northern Ireland Fire and Rescue Service (NIFRS) visited the practice during 2011. Mr Coulter confirmed that arrangements are in place to review the fire risk assessment. Following the inspection a copy of the Northern Ireland Health Technical Memorandum 86 Fire Risk Assessment Part 1 Community Healthcare Premises was forwarded to Mr Coulter.</p>	Met

	Completion of this risk assessment will complement the current fire risk assessment.	
Area for improvement 7 Ref: Standard 8.3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that x-ray quality grading audits have been completed six monthly, and justification and clinical evaluation recording audits have been completed annually.	
Area for improvement 8 Ref: Standard 11.6 Stated: First time	Establish regular staff meetings. Minutes of all staff meetings should be retained and shared with any staff who were unable to attend the meeting.	Not met
	Action taken as confirmed during the inspection: Mr Coulter confirmed that there is a morning huddle with staff to discuss the day ahead and any issues identified. However, there are no formal staff meetings held. Staff spoken with confirmed they felt there was good communication in the practice. This area for improvement has not been met and is stated for the second time.	
Recommendation 9 Ref: Standard 8.5 Stated: First time	Ensure that all records pertaining to the practice are retained at the practice for review by inspectors.	Met
	Action taken as confirmed during the inspection: All records requested during the inspection were available for review.	

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

Three dental surgeries are in operation in this practice; however Mr Coulter confirmed that only two surgeries are in routine use. 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.

Mr Coulter confirmed that, as a small practice, an informal approach is taken in regards to appraising staff performance. Staff confirmed that they felt supported and involved in discussions about their personal development. An area for improvement against the standards has been made that formal arrangements are developed in regards to staff appraisal.

There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. The practice has granted staff time off to attend orthodontic courses and paid the fees associated with the 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

A review of the submitted staffing information and discussion with Mr Coulter confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

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

Mr Coulter advised that a staff register has not been developed and maintained. An area for improvement against the standards has been made in this regard. Mr Coulter was advised that the staff register should include the following details: name; date of birth; position; dates of employment; and details of professional qualifications and professional registration where applicable. Mr Coulter was informed that the staff register is a live document and should be kept up-to-date.

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 formal 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 adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

Following the inspection the following documentation was forwarded to Mr Coulter who confirmed that it would be made available for staff reference:

- 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016)
- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). A discussion took place in regards to the procedure for the safe administration of Buccolam and the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) and the BNF. Mr Coulter provided assurances that he will ensure that Buccolam will be administered safely in the event of an emergency in keeping with the HSCB and the BNF.

Review of medical emergency equipment evidenced that most emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was confirmed that an automated external defibrillator (AED) is not available in the practice. Mr Coulter confirmed that the practice has timely access to an AED located in close proximity to the practice.

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. The most recent occasion staff completed medical emergency refresher training was during October 2017.

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. It was observed that in some clinical areas tiles have been used as a splash back above worktops. Mr Coulter was advised that the use of tiles should be avoided during the next planned refurbishment of clinical areas. 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 with responsibility for infection control and decontamination.

Decontamination rooms, separate from patient treatment areas and dedicated to the decontamination process, were available. Appropriate equipment, including a washer disinfectant and a steam steriliser has been provided to meet the practice requirements. A second validated steam steriliser is available for use if the primary steam steriliser malfunctions. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated during April and May 2017. 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. Mr Coulter is aware that the IPS audit should be completed every six months.

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

Radiography

The practice has three surgeries, two of which have intra-oral x-ray machines. In addition, there is an orthopan tomogram machine (OPG), which is located in a separate room.

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

A copy of the local rules was on display near each x-ray machine observed, and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained during April 2017 in accordance with manufacturer's instructions.

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

Environment

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

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

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

A legionella risk assessment was undertaken by an external organisation and water temperatures are monitored and recorded as recommended.

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

Mr Coulter is aware that the fire and legionella risk assessments should be reviewed on an annual basis.

Review of records evidenced that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels during July 2017.

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

Patient and staff views

Fifteen patients submitted questionnaire responses to RQIA. All 15 patients indicated that they felt safe and were very satisfied with this aspect of care. Comments included in submitted questionnaire responses have been included in Section 4.0 of this report.

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Two staff indicated they were very satisfied with this aspect of care and two 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 staff recruitment, induction, training, safeguarding, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

Areas for improvement

The arrangements in respect of the annual staff appraisal should be formalised and records retained.

A staff register should be developed and kept up to date.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Mr Coulter 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.

Paper records are maintained. 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. Mr Coulter confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of oral health information leaflets was available. It was observed that three files are available in the waiting area for patients; each file includes information in regards to dental treatment, orthodontic treatment and oral care. Some products are available to purchase in the practice and samples of toothpaste are freely distributed.

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

Communication

Mr Coulter 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 confirmed that there was effective communication in the practice. A staff huddle is held at the beginning of each day. As discussed an area for improvement against the standards was made during the previous announced care inspection to establish staff meetings. This area for improvement has not been met and is stated for the second time.

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

Patient and staff views

All 15 patients who submitted questionnaire responses indicated that they felt their care was effective and indicated they were very satisfied with this aspect of care.

All four 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. Two staff indicated they were very satisfied with this aspect of care and two 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 and health promotion strategies.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	1

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 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.

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

Patient and staff views

All 15 patients who submitted questionnaire responses indicated that they felt they were treated with compassion and indicated they were very satisfied with this aspect of care.

All four 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 one 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
Total number of areas for improvement	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 whom to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Mr and Mrs Coulter are the nominated individuals with overall responsibility for the day to day management of the practice.

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

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was 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 2016 to 31 March 2017.

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. 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 whom to contact if they had a concern.

Mr Coulter, registered person, evidenced a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

All 15 patients who submitted questionnaire responses indicated that they felt their care is well led/managed and indicated they were very satisfied with this aspect of the service.

All four 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 one 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 governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr William Coulter, registered person, 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; 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 11 Stated: First time To be completed by: 10 March 2018	The arrangements in respect of the annual staff appraisal should be formalised and records retained. Ref: 6.4 Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 11.1 Stated: First time To be completed by: 10 February 2018	A staff register should be developed and kept up to date in keeping with Schedule 3 Part II 6 of The Independent Health Care Regulations (Northern Ireland) 2005. Ref: 6.4 Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Standard 11.6 Stated: Second time To be completed by: 10 March 2018	Establish regular staff meetings. Minutes of all staff meetings should be retained and shared with any staff who were unable to attend the meeting. Ref: 6.5 Response by registered person detailing the actions taken:

Please ensure this document is completed in full and returned via Web Portal



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