

# Announced Care Inspection Report 27 February 2018



## Castle Dental Studio

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

**Address: 84 Old Mountfield Road, Omagh, BT79 7ET**

**Tel No: 028 8225 1551**

**Inspector: Stephen O'Connor**

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

Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a registered dental practice with two registered places.

### 3.0 Service details

<b>Organisation/Registered Person:</b> Mr Declan O'Neill Ms Julie Baxter	<b>Registered Manager:</b> Mr Declan O'Neill
<b>Person in charge at the time of inspection:</b> Mr Declan O'Neill Ms Julie Baxter	<b>Date manager registered:</b> 27 February 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Two

### 4.0 Inspection summary

An announced inspection took place on 27 February 2018 from 09:50 to 12:55.

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, 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.

Two areas of improvement against the regulations have been identified, these relate to ensuring staff personnel files are in keeping with legislative requirements and ensuring AccessNI enhanced disclosure checks are undertaken and received prior to new staff commencing work in the future.

Two areas for improvement against the standards have been made, these relate to retaining records of staff induction and reviewing the procedure for the decontamination of dental handpieces.

All of the patients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided. Comments included in patient questionnaire responses were as follows:

- “Highly professional. Down to earth. Great Work.”
- “Excellent practice. Declan keeps up-to-date and provides 1<sup>st</sup> class advice. All staff are brilliant.”
- “I spent time in England for seven years, five of which I would suffer toothache. Dentist did not fix in this timeframe. Castle Dental had my tooth fixed as soon as I arrived home. Very satisfied with service.”

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

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

#### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Mr Declan O’Neill, 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 care inspection dated 05 August 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 05 August 2016.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Seventeen completed patient questionnaires were available for review on the day of inspection. No completed staff questionnaires were returned to RQIA prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Declan O'Neill and Ms Julie Baxter, registered persons, a dental nurse and a decontamination room assistant. A tour of some areas of the premises was also undertaken.

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

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 05 August 2016**

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

## 6.2 Review of areas for improvement from the last care inspection dated 05 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
<b>Area for improvement 1</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	A system should be established to ensure that staff are provided with appraisal on an annual basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that a performance and development review policy and procedure and templates to document appraisals have been developed. Discussion with Mr O'Neill and staff confirmed that appraisals had been completed during 2017.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	The registered provider should ensure that proof of identity including photographic evidence is retained in each staff file.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of submitted staffing information and discussion with Mr O'Neill and Ms Baxter evidenced that three staff have commenced work since the previous inspection. Review of the personnel files for these staff evidenced that photographic proof of identity was included in only two of the three files and numerous records were missing from two of the files reviewed. Additional information in this regard can be found in section 6.4 of this report.  This area for improvement has not been addressed and due to additional issues being identified during this inspection an area for improvement against the regulations has been made.	

## 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

Two dental surgeries are in operation in this practice. Discussion with Mr O'Neill and staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. However, it was noted that a record of the induction had not been retained for two of the three recently recruited staff members. This has been identified as an area for improvement against the standards.

As discussed, procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

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

#### Recruitment and selection

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

One of the three personnel files reviewed had all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 included.

One file only contained photographic proof of identity and confirmation that a basic AccessNI disclosure check had been sought and retained and the other file only contained documents to confirm that the staff member was registered with the GDC and had the appropriate individual indemnity cover in place.

Mr O'Neill and Ms Baxter were reminded that personnel files should include the information listed below:

- positive proof of identity, including a recent photograph
- evidence that an enhanced AccessNI check was received prior to commencement of employment
- two written references
- 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 on application
- confirmation that the person is physically and mentally fit to fulfil their duties
- evidence of professional indemnity insurance, where applicable.

On 27 February 2018 templates that could be used to document criminal conviction declarations and all pertinent information contained within AccessNI disclosure checks and a recruitment checklist were forwarded to Ms Baxter by email. An area for improvement against the regulations has been made in regards to staff personnel files.

Mr O'Neill and Ms Baxter were reminded that AccessNI enhanced disclosure checks must be in place for all staff prior to commencement of employment. On 09 March 2018 Ms Baxter confirmed that the identified individual without any AccessNI check in place would not return to work until such times as an AccessNI enhanced disclosure check had been sought and reviewed. Ms Baxter also confirmed and that an AccessNI enhanced disclosure check would be sought for the identified individual who had a basic AccessNI disclosure check in place.

On 12 March 2018 Ms Baxter confirmed that the AccessNI enhanced disclosure check had been received for the identified staff member who did not have any check in place and the AccessNI enhanced disclosure check for the identified individual with the basic AccessNI check in place was being processed.

An area for improvement against the regulations has been made in regards to AccessNI enhanced disclosure checks.

## **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).

One overarching policy was in place for the safeguarding and protection of adults and children at risk of harm. 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.



It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

### **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. The most recent occasion staff completed medical emergency refresher training was during August 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.

There was a policy for the management of medical emergencies and protocols outlining the local procedure for dealing with the various medical emergencies available for staff reference.

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

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

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and three 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 during November and December 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.

Discussion with staff evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Processing of handpieces was discussed with Mr O'Neill who was advised to refer to the Professional Estates Letter (PEL) (13) 13 Addendum 1, dated 24 March 2015. An area for improvement against the standards has been made to review the procedure for the decontamination of dental handpieces.

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

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

## **Radiography**

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

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

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

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA dated July 2017 demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained during June 2016 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 servicing of the fire detection system, emergency lighting and firefighting equipment. Arrangements are also in place in respect of portable appliance testing (PAT) of electrical equipment and for the routine inspection of fixed electrical wiring installations.

The original legionella risk assessment was completed by an external organisation and water temperatures are monitored and recorded as recommended.

The original fire risk assessment was completed by an external organisation. Routine checks are undertaken in respect of the fire detection system. 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 O'Neill confirmed that the fire and legionella risk assessments are reviewed in house on an annual basis.

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

Mr O'Neill confirmed that the practice have appointed an external health and safety consultant who undertakes an annual health and safety risk assessment.

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

### **Patient and staff views**

Seventeen patients completed questionnaire responses. All 17 indicated that they felt their care is safe and were very satisfied with this aspect of care. Comments included in questionnaire responses have been included in Section 4.0 of this report.

No staff questionnaires were submitted to RQIA prior to the inspection.

### **Areas of good practice**

There were examples of good practice found in relation to training, appraisal, safeguarding, management of medical emergencies, infection prevention control, radiology and the environment.

### **Areas for improvement**

All information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 should be retained within staff personnel files for all newly recruited staff.

An Access NI enhanced disclosure check should be sought and retained for the identified staff member and for any person commencing work in the practice in the future.

A record of induction should be completed and retained for any new staff recruited in the future.

The procedure for the decontamination of dental handpieces should be reviewed.

	Regulations	Standards
Total number of areas for improvement	2	2

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

#### Clinical records

Mr O'Neill confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Mr O'Neill 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.

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

Policies were available in relation to records management, data protection and confidentiality and consent. Mr O'Neill confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

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. Oral health and hygiene information leaflets are available in the practice. Models and an electronic educational package are used for demonstration purposes during discussions. Samples of toothpaste are distributed. Castle Dental Studio also has a Facebook page which includes information in relation to oral health and hygiene.

#### Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical waste management

**Communication**

Mr O’Neill confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

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

**Patient and staff views**

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

As discussed, no staff questionnaires were submitted to RQIA prior to the inspection.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.6 Is care compassionate?**

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

**Dignity, respect and involvement in decision making**

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

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This 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 dated May 2017 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 seventeen patients who completed questionnaire responses indicated that felt they were treated with compassion and were very satisfied with this aspect of care.

As discussed, no staff questionnaires were submitted to RQIA prior to the inspection.

**Areas of good practice**

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

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

**Management and governance arrangements**

Castle Dental Studio was initially registered with RQIA on the 22 February 2012. Mr O’Neill and Ms Baxter were registered as a partnership with both parties being registered persons. RQIA have been informed that two separate entities are now operating the establishment. Mr O’Neill has incorporated, and Ms Baxter intends to operate as a sole person.

Both Mr O’Neill and Ms Baxter have been informed that two separate entities cannot operate in the same premises without each entity being registered. Discussions have taken place in regards to the proposed entities and Mr O’Neill and Ms Baxter are both aware that if two separate entities are to operate out of the same premises that each entity will require a separate decontamination room and clear lines of accountability need to be established in respect of communal areas.

Mr O'Neill has submitted a registration application in respect of Castle Dental Studio (NI) Ltd and Ms Baxter has submitted a registration application as a sole provider. Both applications are currently being processed by RQIA and pre-registration inspections will be scheduled in due course.

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.

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

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

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

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

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

## **Patient and staff views**

All seventeen patients who completed questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service.

As discussed, no staff questionnaires were submitted to RQIA prior to the inspection.

### 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
<b>Total number of areas for improvement</b>	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 O'Neill, 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 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

## 7.2 Actions to be taken by the service



The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> First time  <b>To be completed by:</b> 24 April 2018	The registered persons must ensure that all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 is retained within staff personnel files for all newly recruited staff. The missing documentation as outlined in the main body of the report should be included in the staff files reviewed.  Ref: 6.2 and 6.4
	<b>Response by registered person detailing the actions taken:</b> Ms Julie Baxter has assured Mr Declan O'Neill that all relevant information is retained in staff folder. Mr Declan O'Neil has all the relevant information for his staff
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> First time  <b>To be completed by:</b> 24 April 2018	The registered persons shall ensure that an Access NI enhanced disclosure check is sought and retained for the identified staff member and for any person commencing work in the practice in the future.  Confirmation that the AccessNI enhanced check has been received and reviewed should be submitted to RQIA upon return of this Quality Improvement Plan (QIP).  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> I have been assured by Ms Baxter the AccessNI enhanced check has been received for the appropriate member of staff and this was forwarded to RQIA as soon as it was received
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.3  <b>Stated:</b> First time  <b>To be completed by:</b> 27 February 2018	The registered persons shall ensure that a record of induction is completed and retained for any new staff recruited in the future.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> A record of induction is kept for all new patients

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 April 2018</p>	<p>The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13 Addendum 1. Compatible handpieces should be processed in the washer disinfectant.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All handpieces are placed through the washer disinfectant. Declan O'Neill would like it pointed out that all handpieces are sterilised in a vacuum steriliser and he had decided not to put them through a washer disinfectant as after a previous inspection he started to use the washer disinfectant for cleaning the handpieces but found that he immediately needed 2 handpieces serviced and cartridges replaced. He felt the washer disinfectant was responsible for this and hence stopped using it. The handpieces are back to being used in the washer disinfectant</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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