

# Announced Care Inspection Report 6 March 2017



## Crutchley R. J. Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment

Address: 48 Castlereagh Road, Belfast, BT5 5FP

Tel no: 028 9045 9018

Inspector: Stephen O'Connor

## 1.0 Summary

An announced inspection of Crutchley R J Dental Practice took place on 6 March 2017 from 09:55 to 12:20.

The inspection sought to assess progress with any issues raised 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.

### Is care safe?

Observations made, review of documentation and discussion with Mr Richard Crutchley, registered person and staff demonstrated that systems and processes were in place to ensure that care to patients was 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. A requirement made during the previous care inspection in regards to the ventilation system in the decontamination room has not been fully addressed; this requirement has been stated for the second time. A recommendation has been made to ensure all staff have an annual appraisal.

### Is care effective?

Observations made, review of documentation and discussion with Mr Crutchley and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

### Is care compassionate?

Observations made, review of documentation and discussion with Mr Crutchley 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 that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Richard Crutchley, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 9 March 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Richard Crutchley	<b>Registered manager:</b> Mr Richard Crutchley
<b>Person in charge of the practice at the time of inspection:</b> Mr Richard Crutchley	<b>Date manager registered:</b> 24 January 2013
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

### 3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. No completed patient questionnaires were returned to RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed staff questionnaires.

During the inspection the inspector met with Mr Richard Crutchley, a dental nurse/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 9 March 2016

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 9 March 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 21 (3) (b) <b>Stated:</b> First time	The registered person must ensure that all records pertaining to the practice are retained at the practice for review by inspectors and for ease of staff reference.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All records requested during the inspection were available for review.	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 25 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that the ventilation system in the decontamination room is in keeping with best practice guidance as outlined in HTM 01-05. Advice and guidance in this regard should be sought from SDEB at the Department of Health and any recommendations made by SDEB must be actioned.</p>	<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr Crutchley confirmed that a representative from SDEB visited the practice and reviewed the ventilation system in the decontamination room. It was recommended that make-up ventilation is installed in the decontamination room.</p> <p>Due to the layout and design of the decontamination room the installation of a make-up ventilation system is proving to be challenging.</p> <p>It was confirmed that an external company have assessed the decontamination room and developed plans to install a make-up ventilation system. Mr Crutchley has approved these plans and it is envisaged that the works to install the ventilation system will be completed in the next few weeks.</p> <p>Although actions have been taken to progress this requirement compliance could not be demonstrated during the inspection, therefore the unaddressed component has been stated for the second time.</p>		
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 14.2</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the guttering is reviewed and any damaged guttering is repaired or replaced. This review should also include the removal of any debris from the guttering.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was observed that the damaged guttering has been replaced.</p>		

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Third and final time</p>	<p>The following issue in relation to legionella should be addressed:</p> <ul style="list-style-type: none"> <li>• further develop the control measures to reduce the risk of legionella, to include monthly monitoring of hot and cold sentinel water temperatures and retain records for inspection</li> </ul>	<p style="text-align: center;"><b>Met</b></p>	
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records confirmed that water temperatures are monitored and recorded monthly.</p>	<p style="text-align: center;"><b>Met</b></p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12.2</p> <p><b>Stated:</b> First time</p>		<p>Ensure that all staff complete refresher training on the management of medical emergencies at least annually.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records confirmed that all staff have completed medical emergency refresher training within the previous 12 calendar months.</p>	<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 12.1</p> <p><b>Stated:</b> First time</p>	<p>An overarching medical emergency policy should be established. The policy should include the following information:</p> <ul style="list-style-type: none"> <li>• arrangements for staff training</li> <li>• list of emergency medicines and equipment available</li> <li>• the checking procedures for emergency medicines and equipment</li> <li>• how to summons help in an emergency</li> <li>• the procedure for documenting medical emergencies</li> <li>• the procedure to be followed in regards to staff debriefing following a medical emergency</li> </ul>	
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records confirmed that a medical emergency policy has been developed. The policy includes all information as outlined above. In addition a template to record medical emergencies and staff debriefing has been developed.</p>			

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>Ensure that the recruitment policy and procedure is developed to include the following information:</p> <ul style="list-style-type: none"> <li>• how vacancies are advertised</li> <li>• the application process</li> <li>• shortlisting and selection process</li> <li>• issuing of job descriptions and contracts of employment</li> <li>• the arrangements for reviewing applicants employment history and exploration of gaps in employment if applicable</li> </ul>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that a comprehensive recruitment policy that fully reflects best practice guidance has been developed.</p>		
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 11.3</p> <p><b>Stated:</b> First time</p>	<p>An induction checklist should be developed. The checklist should include all topics discussed during induction and this should be signed and dated by the inductor and inductee to confirm that topics have been discussed and understood.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that an induction template has been developed. It was confirmed that should new staff be recruited in the future the induction template will be completed.</p>		
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>Model job descriptions should be developed for all roles within the practice. Once developed these should be shared with staff.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that model job descriptions are in place for all job roles within the practice. Staff confirmed that they have a copy of their job description.</p>		

<b>Recommendation 8</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time	Contracts of employment/agreements should be further developed to ensure they reflect best practice guidance and employment legislation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that following the previous care inspection all contracts of employment were further developed to fully reflect best practice guidance and employment legislation.	

### 4.3 Is care safe?

#### Staffing

Two surgeries are available in this practice. However, only one surgery is routinely used. Discussion with Mr Crutchley and staff and a review of completed staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

No new staff have been recruited since the previous care inspection, however, as discussed induction programme templates were in place relevant to specific roles within the practice.

Mr Crutchley and staff advised that appraisals are carried out informally through discussions. However, Mr Crutchley confirmed that this is not a formalised process and that these discussions are not documented. A recommendation was made in this regard. Appraisal should be carried out with each staff member on an annual basis and records retained. 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 Crutchley confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection. Mr Crutchley confirmed that he is seeking to recruit an associate dentist.

As discussed, there was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.



## 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.

Two separate 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.

A discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

On the afternoon of the inspection the following regional safeguarding documentation was forwarded to Mr Crutchley by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- Adult protection gateway contact information

Mr Crutchley readily agreed to update the practice safeguarding policies to ensure they fully reflect the regional guidance and to share the updated policies with staff.

## Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was observed that I-gel intersurgical surgical respiratory systems (in various sizes) were retained as opposed to oropharyngeal airways. Mr Crutchley provided a training certificate to evidence that he had completed training on the insertion of these devices. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

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

As discussed, 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 wallpaper has been used in clinical areas. This is not in keeping with best practice guidance and Mr Crutchley was advised that when these clinical areas are being refurbished the use of wallpaper should be avoided. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

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

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

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

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during February 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. As discussed, only one surgery is routinely used. It was confirmed that the intra-oral x-ray machine in the non-operational dental surgery is not operational. Mr Crutchley confirmed, that should an associate dentist be recruited and the second surgery becomes operational again a new intra-oral x-ray machine will be installed in the second surgery.

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 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 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 fair standard of maintenance and décor. Since the previous care inspection the practice has been repainted and arrangements are in place to replace the carpet in the reception/waiting area in the coming weeks.

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 annual servicing of the firefighting equipment, oil central heating burner and intruder alarm. Portable appliance testing (PAT) of electrical equipment has been done during January 2017.

It was confirmed that arrangements are in place to review the fire and legionella risk assessments annually. Routine checks are completed in respect of the smoke detectors and records retained to confirm staff have participated in fire drills and completed fire safety awareness training.

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

**Patient and staff views**

No completed patient questionnaires were submitted to RQIA. Staff confirmed that questionnaires had been distributed to patients.

Two staff submitted questionnaire responses. Both indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

**Areas for improvement**

The ventilation system in the decontamination room should be in keeping with the specifications outlined in HTM 01-05.

Staff appraisal should be formalised and records retained.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
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## 4.4 Is care effective?

### Clinical records

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

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed 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. 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 Crutchley confirmed that oral health is actively promoted on an individual level with patients during their consultations. Information leaflets are available for use during discussion in regards to oral health and hygiene. Mr Crutchley confirmed that he is giving consideration to purchasing and installing an intra-oral camera for use during discussions on oral health and hygiene.

It was confirmed that a dental nurse is in the process of completing a qualification in oral health education. The dental nurse has facilitated one to one oral health and hygiene sessions to patients as part of her course. Free samples of toothpaste and mouthwash are distributed to patients.

### 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 Crutchley 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.

Staff meetings are held every three months to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

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

## Patient and staff views

No patient questionnaires were submitted to RQIA.

Both 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. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

## Dignity, respect and involvement in decision making

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

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

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

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report dated February 2016 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. The practice are actively distributing patient satisfaction questionnaires and will collate the results to produce a summary report for 2017.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient’s privacy, dignity and providing compassionate care and treatment.

**Patient and staff views**

No patient questionnaires were submitted to RQIA.

Both 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. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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.

Mr Crutchley is the 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.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in a patient information file in the waiting area. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire, review of documentation and discussion with staff evidenced that complaints have been managed in accordance with best practice.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. 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 Crutchley and staff 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 Crutchley demonstrated 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**

No patient questionnaires were submitted to RQIA.

Both submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## **5.0 Quality improvement plan**

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Richard Crutchley, 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/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) for assessment by the inspector.

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

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 25 (1)

**Stated:** Second time

**To be completed by:**  
6 May 2017

The registered person must ensure that the ventilation system in the decontamination room is in keeping with best practice guidance as outlined in HTM 01-05.

**Response by registered provider detailing the actions taken:**

Whitehouse Engineering have assessed the premises and have given a plan of action for the work needed. A bulder is due out to start the work and hopefully the ventilation system should be in place be the end of April 2017.

### Recommendations

#### Recommendation 1

**Ref:** Standard 11

**Stated:** First time

**To be completed by:**  
6 June 2017

Staff appraisal should be formalised and carried out with each staff member on an annual basis. Records should be retained.

**Response by registered provider detailing the actions taken:**

All staff to have appraisals from 1<sup>st</sup> April 2017.

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**



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