Announced Care Inspection Report
27 November 2017

Cavehill Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 165 Cavehill Road, Belfast BT15 5BP
Tel No: 028 9037 0206
Inspector: Emily Campbell

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 seven registered places, providing private and NHS dental care and treatment.

3.0 Service details

Organisation/Registered Provider: Mr Martin MacAllister	**Registered Manager:** Mr Martin MacAllister
Person in charge at the time of inspection: Mr Martin MacAllister	**Date manager registered:** 18 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 7

4.0 Inspection summary

An announced inspection took place on 27 November 2017 from 9.55 to 14.15.

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

Twelve areas requiring improvement against the standards were identified. Five areas related to staff in regards to recruitment, induction records, staff training overview, professional indemnity monitoring and maintenance of minutes of staff meetings. Two areas were identified in relation to the provision of Level 2 training for the safeguarding lead and further development of the safeguarding policy. One area was identified in relation to replacement of automated external defibrillator pads and two areas in relation to infection prevention and control audit and hand washing basins. Two areas were identified in relation to x-ray audits and the provision of a written policy to reduce the risk of prescription theft and misuse.

Patients who submitted questionnaire responses indicated a high level of satisfaction with all aspects of the 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
Total number of areas for improvement	0	12

Details of the Quality Improvement Plan (QIP) were discussed with Ms Rachael Beattie, dental nurse, 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 21 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 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 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. 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 Martin MacAllister, registered person; three dental nurses; and a receptionist. A tour of the premises was also undertaken. The inspection was facilitated by Ms Rachael Beattie, dental nurse.

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 21 September 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 21 September 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 11.4 **Stated:** First time	A system should be implemented to monitor and ensure that the General Dental Council (GDC) continuing professional development (CPD) requirements are met by all clinical staff in the practice, including self-employed staff. Records of training should be retained.	**Not met**
	Action taken as confirmed during the inspection: Ms Beattie advised that this is checked verbally and discussed at appraisal; however, records are not retained of all training. This area for improvement has not been	

	addressed and is stated for the second time.	
Area for improvement 2 **Ref:** Standard 15.3 **Stated:** First time	Refresher training in safeguarding adults at risk of harm and safeguarding children should be provided to all staff as outlined in the Minimum Standards for Dental Care and Treatment (2011).	**Met**
	Action taken as confirmed during the inspection: Mr MacAllister, Ms Beattie and staff confirmed that safeguarding refresher training was provided during a staff meeting in September 2016. However, records were not retained in this regard. The retention of training records and minutes of staff meetings are included in areas for improvement in this report. Staff demonstrated good awareness of the actions to be taken in the event of a safeguarding concern being identified.	
Area for improvement 3 **Ref:** Standard 13.2 **Stated:** First time	The following issues in relation to infection prevention and control should be addressed in keeping with best practice guidance : • Joints in work surfaces should be sealed. • Overflows in the stainless steel hand-washing basins should be sealed using a stainless steel plate and anti-bacterial mastic.	**Partially met**
	Action taken as confirmed during the inspection: Two dental surgeries were observed and joints in work surfaces were sealed. One surgery had a hand wash basin without an overflow. However, the hand wash basin in the second surgery had an overflow which had been sealed with silicone sealant only which was starting to wear away. Ms Beattie confirmed that all stainless steel hand wash basin overflows had been sealed in this manner. This area for improvement has been partially addressed and the unaddressed aspect is stated for the second time.	

Area for improvement 4 **Ref:** Standard 13.4 **Stated:** First time	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. Compatible handpieces should be processed in the washer disinfector.	**Met**
	Action taken as confirmed during the inspection: Discussion with staff confirmed that compatible dental handpieces are being processed through the washer disinfector prior to sterilisation.	
Area for improvement 5 **Ref:** Standard 13.4 **Stated:** First time	A robust system should be established to ensure that all decontamination equipment will be revalidated in keeping with best practice guidance. A copy of the validation certificates should be submitted to RQIA upon return of this Quality Improvement Plan (QIP).	**Met**
	Action taken as confirmed during the inspection: Review of documentation confirmed that decontamination equipment was validated on 4 November 2016. Ms Beattie confirmed that equipment had been validated in the week prior to the inspection and the practice was waiting for the validation certificates to be issued. Certificates were emailed to RQIA on 5 December 2017; however, on review it was identified that these related to functional tests and not validation checks. Ms Beattie advised that equipment was to have been validated in November 2017 and confirmed that it has subsequently been arranged for validation to be carried out on within the next month.	
Area for improvement 6 **Ref:** Standard 13.2 **Stated:** First time	A six monthly audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken and any deficits identified should be addressed.	**Not met**

	Action taken as confirmed during the inspection: An Infection Prevention Society (IPS) audit was not available. This area for improvement has been stated for the second time.	
Area for improvement 7 **Ref:** Standard 14.4 **Stated:** First time	Review the x-ray equipment manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. The arrangements should be confirmed to RQIA in the returned QIP.	**Met**
	Action taken as confirmed during the inspection: Review of documentation confirmed that x-ray equipment had been serviced in September 2016 and November 2017.	

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

This practice has seven dental surgeries; however, only six surgeries are currently operational. 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.

An induction template was available and staff confirmed that new staff were provided with an induction. However, there was no record retained in respect of completion of the induction template for individual staff. An area for improvement against the standards was identified in this regard.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. A review of a sample of five evidenced that appraisals had been completed on an annual basis. Staff confirmed that they felt supported and involved in discussions about their personal development. Ms Beattie has recently commenced a practice management course through the Northern Ireland Medical and Dental Training Agency (NIMDTA).

Ms Beattie confirmed that although staff CPD is monitored informally, training records are not retained in respect of all staff. As discussed previously an area for improvement against the standards was identified for the second time that a system should be implemented to monitor and ensure that the GDC CPD requirements are met by all clinical staff in the practice, including self-employed staff and records retained.

Ms Beattie confirmed that the GDC registration status of clinical staff and professional indemnity of those staff requiring individual indemnity is monitored on an informal basis. An area for improvement against the standards was identified that this process should be formalised.

Recruitment and selection

A review of the submitted staffing information and discussion with Ms Beattie confirmed that one staff member has been recruited since the previous inspection. A review of the personnel files for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained with the exception of two written references and employment history. Ms Beattie advised that the employment history and one reference was checked verbally; however, there were no records retained on this matter. An area for improvement against the standards was made in this regard.

A staff register had not been established and an area for improvement against the standards was identified. The staff register should include the following details:

- name
- date of birth
- position in the establishment
- details of professional qualifications and registration with the GDC, if applicable
- date of commencement of employment
- date of leaving employment

Ms Beattie was advised that the staff register is a live document which should be kept up to date and no entries should be deleted.

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.

As discussed previously Mr MacAllister, Ms Beattie and staff confirmed that safeguarding refresher training was provided during the staff meeting in September 2016; however, training records were not retained and an area for improvement was identified in this regard.

Discussion with Mr MacAllister, as the safeguarding lead, confirmed that he had not undertaken formal training at Level 2 in respect of adults and children in keeping with regional guidance. An area for improvement against the standards was identified in this regard.

One overarching policy was in place for the safeguarding and protection of adults and children at risk of harm. The policy, in general, 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. An area for improvement was identified against the standards, that the safeguarding policy should be further developed to reflect the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

The following documents were provided to the practice by email on the afternoon of the inspection:

- 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)

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 system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, the automated external defibrillator (AED) pads for use with an adult had exceeded their date of expiry in December 2016. An area for improvement against the standards was identified in this regard. Mr MacAllister and Ms Beattie were also advised to check with the manufacturer if the 'adult' AED pads are suitable for use with a child. A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB). Ms Beattie confirmed she will follow this matter up.

There was an identified individual with responsibility for checking emergency medicines and equipment.

Ms Beattie and staff confirmed that training in the management of medical emergencies was provided approximately two weeks prior to the inspection; however, training records were not retained. As discussed previously and area for improvement was identified in this regard.

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

A policy for the management of medical emergencies and protocols for dealing with the various medical emergencies were available for staff reference. These were not reviewed during the inspection.

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.

As discussed previously, stainless steel hand wash basins which have an overflow had the overflow sealed off with silicone only and an area for improvement was identified for the second time.

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 disinfector and three steam sterilisers, has been provided to meet the practice requirements. One steriliser was faulty; however, this has been reported to the service engineer for repair. As discussed previously, decontamination equipment was validated on 4 November 2016. The checks which were carried out in November 2017 were functional tests as opposed to validation checks; however, RQIA received confirmation that a date has been established for validation checks to be carried out.

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. Advice was given regarding the specific record to be kept in relation to the automatic control tests (ACTs) for the sterilisers.

As discussed previously, an Infection Prevention Society (IPS) audit of HTM 01-05 was not available and an area for improvement against the standards was identified for the second time. A copy of the IPS audit tool was emailed to the practice on the afternoon of the inspection.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control. These were not reviewed during the inspection.

Radiography

The practice has six operational 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 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. The most recent RPA review was carried out on 7 November 2017 and the practice received the report on the last working day before the inspection. Assurances were provided that any recommendations made by the RPA would be addressed.

An area for improvement against the standards was identified that six monthly x-ray quality grading audits and annual x-ray justification and clinical evaluation recording audits are carried out and recorded. These should be carried out in respect of each dentist.

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 good standard of maintenance and décor. Cleaning schedules and a colour coded cleaning system were in place. It was confirmed that arrangements are in place for maintaining the environment.

It was confirmed that a legionella risk assessment was in place and it was confirmed that water temperatures are monitored and recorded as recommended.

It was confirmed that a fire risk assessment was in place and staff demonstrated that they were aware of the action to take in the event of a fire.

Mr MacAllister confirmed that relative anaesthesia (RA) sedation units are serviced on a rolling programme of maintenance.

Pressure vessels were inspected under the written scheme of examination of pressure vessels in August 2017.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms, however a written security policy to reduce the risk of prescription theft and misuse had not been developed. An area for improvement against the standards was identified in this regard. A copy of guidance in this regard, issued by the HSCB to dental practices in March 2017, was emailed to the practice on the afternoon of the inspection.

Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Fifteen patients indicated they were very satisfied with this aspect of care and four indicated they were satisfied. The following comment was included in a submitted questionnaire response.

- "Very good."

Twelve staff submitted questionnaire responses. Eleven staff indicated that they felt that patients are safe and protected from harm; one staff member did not respond. All 12 staff indicated they were very satisfied with this aspect of care. 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 appraisal, and aspects of safeguarding, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

Areas for improvement

Individualised induction programmes should be documented in respect of any new staff recruited.

A system should be implemented to monitor and ensure that the GDC CPD requirements are met by all clinical staff in the practice, including self-employed staff. Records of training should be retained.

A formal system should be implemented to monitor the GDC registration status of clinical staff and professional indemnity of those staff requiring individual indemnity.

Two written references, one of which should be from the current/most recent employer, and an employment history should be sought and retained in respect of any new staff recruited, including self-employed staff.

The safeguarding lead should undertake formal training at Level 2 in respect of adults and children in keeping with regional guidance.

The safeguarding children and adults at risk of harm policy should be further developed to reflect the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

The AED pads for use with an adult should be replaced.

The overflows of stainless steel hand-washing basins should be sealed using a stainless steel plate and anti-bacterial mastic.

HTM 01-05 should be audited on a six monthly basis.

Six monthly x-ray quality grading audits and annual x-ray justification and clinical evaluation recording audits should be carried out and recorded.

A written security policy to reduce the risk of prescription theft and misuse should be developed.

	Regulations	Standards
Total number of areas for improvement	0	11

6.5 Is care effective?

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

Clinical records

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

Mr MacAllister 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. These were not reviewed during the inspection.

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. A range of health promotion information leaflets were available in the reception area. The practice offers a hygienist service that provides advice on oral health and hygiene. All patients including children are referred to the hygienist, if required. Mr MacAllister and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

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

- review of complaints/accidents/incidents
- patient satisfaction survey

As discussed previously, x-ray audits should be undertaken. Suggestions were given to Ms Beattie as to how the quality assurance process could be further developed.

Communication

Mr MacAllister and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff confirmed that staff meetings are held on a regular basis to discuss clinical and practice management issues, however, minutes of meetings are not retained. An area for improvement against the standards was identified in this regard. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

Staff confirmed that there is cohesive team working and an open and transparent culture within the practice.

Patient and staff views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Thirteen patients indicated they were very satisfied with this aspect of care and six indicated they were satisfied. No comments were included in submitted questionnaire responses.

Eleven of the 12 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; one did not respond. All 12 staff indicated they were very satisfied with this aspect of care. 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, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

Minutes of staff meetings should be 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.

Patients with limited mobility have access to two surgeries located on the ground floor of the practice and an interpreter service is available if required. Intravenous (IV) and RA sedation is provided as required for patients in accordance with their assessed need.

Ms Beattie advised that the annual patient satisfaction survey is overdue and it was agreed that this would be completed within the next six months. It was confirmed that patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

Patient and staff views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Fourteen patients indicated they were very satisfied with this aspect of care and five indicated they were satisfied. No comments were included in submitted questionnaire responses.

All 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 and were very satisfied with this aspect of care. 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 MacAllister has 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 at least on a three yearly 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 evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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

It was confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. Implementation of the areas for improvement identified during the inspection will further enhance the practice's quality assurance 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 MacAllister 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

All patients who submitted questionnaire responses indicated that they felt that the service is well led; one patient did not respond. Fourteen patients indicated they were very satisfied with this aspect of the service and five indicated they were satisfied. Comments provided included the following:

- "Always happy with service provided at Cavehill Dental Care. Treatment is always of a very high standard and staff are polite and informative."
- "Mr McAllister very good."

All submitted staff questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. The following comment was provided:

- "Exceptionally well led."

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 Ms Rachael Beattie, dental nurse, 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.

Quality Improvement Plan

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 11.3 **Stated:** First time **To be completed by:** 28 November 2017	The registered person shall ensure that individualised induction programmes are documented in respect of any new staff recruited. Ref: 6.4
	Response by registered person detailing the actions taken: Induction log provided and all new employees to sign
Area for improvement 2 **Ref**: Standard 11.4 **Stated:** Second time **To be completed by:** 27 January 2018	A system should be implemented to monitor and ensure that the General Dental Council (GDC) continuing professional development (CPD) requirements are met by all clinical staff in the practice, including self-employed staff. Records of training should be retained. Ref: 6.4
	Response by registered person detailing the actions taken: CPD log provided for each member of staff and kept in office - to be monitored and update as CPD done
Area for improvement 3 **Ref**: Standard 11.2 **Stated:** First time **To be completed by:** 27 January 2018	The registered person shall implement a formal system to monitor the GDC registration status of clinical staff and professional indemnity of those staff requiring individual indemnity. Ref: 6.4
	Response by registered person detailing the actions taken: Log book provided to check each member of staff - will be signed and dated
Area for improvement 4 **Ref**: Standard 11.2 **Stated:** First time **To be completed by:** 28 November 2017	The registered person shall ensure that two written references, one of which should be from the current/most recent employer, and an employment history is sought and retained in respect of any new staff recruited, including self-employed staff. Ref: 6.4
	Response by registered person detailing the actions taken: Added to checklist for employment of new staff

Area for improvement 4 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 27 January 2018	The registered person shall ensure that a staff register is established. The staff register should include the following details: • name • date of birth • position in the establishment • details of professional qualifications and registration with the GDC, if applicable • date of commencement of employment • date of leaving employment Ref: 6.4
	Response by registered person detailing the actions taken: Log provided and all staff members added
Area for improvement 5 **Ref**: Standard 15.3 **Stated:** First time **To be completed by:** 27 February 2018	The registered person shall ensure that the safeguarding lead, undertakes formal training at Level 2 in respect of adults and children in keeping with regional guidance. Ref: 6.4
	Response by registered person detailing the actions taken: Suitable course being sought
Area for improvement 6 **Ref**: Standard 15.3 **Stated:** First time **To be completed by:** 27 February 2018	The registered person shall further develop the safeguarding children and adults at risk of harm policy to reflect the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). Ref: 6.4
	Response by registered person detailing the actions taken: Safeguarding policy updated to include new regional guidance
Area for improvement 7 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 27 December 2017	The registered person shall replace the automated external defibrillator (AED) pads for use with an adult. Ref: 6.4
	Response by registered person detailing the actions taken: Replaced - added to drugs list to be checked for expiry date. Current expiry date 01/01/22

Area for improvement 8 **Ref**: Standard 13.2 **Stated:** Second time **To be completed by:** 27 February 2018	The following issue in relation to infection prevention and control should be addressed in keeping with best practice guidance: • Overflows in the stainless steel hand-washing basins should be sealed using a stainless steel plate and anti-bacterial mastic. Ref: 6.4
	Response by registered person detailing the actions taken: In progress of changing all sinks to no overflows
Area for improvement 9 **Ref**: Standard 13.2 **Stated:** Second time **To be completed by:** 27 February 2018	A six monthly audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken and any deficits identified should be addressed. Ref: 6.4
	Response by registered person detailing the actions taken: IPS audits scheduled for February and August
Area for improvement 10 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 27 February 2018	The registered person shall ensure that six monthly x-ray quality grading audits and annual x-ray justification and clinical evaluation recording audits are carried out and recorded. Ref: 6.4
	Response by registered person detailing the actions taken: Audits scheduled for January and June
Area for improvement 11 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 27 February 2018	The registered person shall develop a written security policy to reduce the risk of prescription theft and misuse. Ref: 6.4
	Response by registered person detailing the actions taken: New policy written and all members of staff aware of new protcol
Area for improvement 12 **Ref**: Standard 11.6 **Stated:** First time **To be completed by:** 27 December 2017	The registered person shall ensure that minutes of staff meetings are retained. Ref: 6.5
	Response by registered person detailing the actions taken: New guidelines in place and all staff made aware that minutes are to be kept

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower
5 Lanyon Place
BELFAST

BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews