

Announced Care Inspection Report 21 September 2016



Cavehill Dental Care

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

Address: 165 Cavehill Road, Belfast, BT15 5BP

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Inspector: Norma Munn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Cavehill Dental Care took place on 21 September 2016 from 9.55 to 13.55.

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 Martin MacAllister, registered person, Ms Rachael Beattie, dental nurse, and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Issues identified in relation to the storage of AccessNI checks, personnel files and medical emergencies were addressed following the inspection. Seven recommendations have been made in relation to recording staff training and Continued Professional Development (CPD), safeguarding training, infection prevention and control, the decontamination of dental instruments, the validation of the decontamination equipment, the ongoing audit of compliance with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices, and the service arrangements of x-ray units.

Is care effective?

Observations made, review of documentation and discussion with Mr MacAllister, Ms Beattie, 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 MacAllister, Ms Beattie 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 in the main 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
Total number of requirements and recommendations made at this inspection	0	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Martin MacAllister, registered person, and 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.

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 17 August 2015.

2.0 Service details

Registered organisation/registered person: Mr Martin MacAllister	Registered manager: Mr Martin MacAllister
Person in charge of the practice 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

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Martin MacAllister, registered person, Ms Rachael Beattie, dental nurse, the patient co-ordinator and a dental nurse/receptionist. A tour of some 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 17 August 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 17 August 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person must ensure that an enhanced AccessNI check is undertaken for the identified staff member.</p> <p>Enhanced AccessNI checks should be undertaken and received prior to the commencement of employment for any new staff recruited.</p> <p>Enhanced AccessNI disclosure certificates should be disposed of in keeping with AccessNI’s code of practice and a record retained of the staff member’s name, dates the check was applied for and received, the unique identification number and the outcome of the check.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of the personnel file of the identified member of staff evidenced that an enhanced AccessNI check had been undertaken immediately following the previous inspection.</p>		

	<p>A review of the submitted staffing information and discussion with Ms Beattie confirmed that one member of staff had been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that an enhanced AccessNI check had been undertaken and received prior to the member of staff commencing employment.</p> <p>Some of the original enhanced AccessNI certificates were retained in the personnel files reviewed. It was advised that this is not in keeping with AccessNI code of practice. Ms Beattie and Mr MacAllister agreed to dispose of the certificates and keep a log containing the staff member's name, dates the checks were applied for and received, the unique identification number and the outcome of the checks. RQIA received confirmation by electronic mail on 5 October 2016 that the certificates had been destroyed and an AccessNI log completed in keeping with the AccessNI code of practice.</p>	
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1 Ref: Standard 13 Stated: Second time</p>	<p>Further develop the legionella control measures to reduce the risk of legionella, to include monthly monitoring of hot and cold sentinel water temperatures and flushing of all infrequently used outlets.</p> <p>Records must be retained for inspection.</p> <p>Action taken as confirmed during the inspection: Discussion with Ms Beattie and Mr MacAllister confirmed that hot and cold sentinel water temperatures are monitored and records maintained on a monthly basis. A review of records evidenced that flushing of infrequently used outlets had been monitored however, records of water temperatures were not available to review. Mr MacAllister confirmed that a template had been devised and assurances were given that the water temperatures were being monitored monthly. Following the inspection RQIA received records by electronic mail of a copy of monthly water temperatures undertaken.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that the recruitment policy is further developed to include reference to employment history, enhanced AccessNI checks and health status to ensure it is comprehensive and reflective of best practice guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: Ms Beattie and Mr MacAllister confirmed that the recruitment policy had been revised. A review of the revised recruitment policy and template attached made reference to employment history, enhanced AccessNI checks and health status in keeping with best practice guidance.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that the following additional information is retained in personnel files in respect of any new staff recruited:</p> <ul style="list-style-type: none"> • two written references; • details of full employment history, including an explanation of any gaps in employment; • criminal conviction declaration on application; and • confirmation that the person is physically and mentally fit to fulfil their duties. <hr/> <p>Action taken as confirmed during the inspection: A review of the submitted staffing information and discussion with Ms Beattie confirmed that one member of staff had been recruited since the previous inspection. A review of the personnel file for this staff member evidenced details of a full employment history and confirmation that the person was physically and mentally fit to fulfil their duties. However, the file did not include two written references or a criminal conviction declaration. Mr MacAllister confirmed that he had sought verbal references and agreed to follow these up in writing. Following the inspection RQIA received confirmation by electronic mail on 5 October 2016 that a criminal conviction declaration had been obtained and the written references were being sought.</p> <p>Mr MacAllister confirmed that two written references and a criminal conviction declaration will be sought and retained in personnel files in respect of any new staff recruited in the future.</p>	<p>Met</p>

Recommendation 4 Ref: Standard 11.3 Stated: First time	It is recommended that records of induction are retained in the personnel files of any new staff recruited.	Met
	Action taken as confirmed during the inspection: A review of one personnel file evidenced that an induction programme was in place.	

4.3 Is care safe?

Staffing

Seven dental surgeries are in operation in this practice. 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.

As previously discussed, induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that an induction programme had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development.

Staff confirmed that they had received appropriate training to fulfil the duties of their role and keep themselves updated with the General Dental Council (GDC) Continued Professional Development (CPD) requirements; however, not all training records were available for inspection. Mr MacAllister should have systems in place to satisfy himself that staff are keeping themselves updated in keeping with GDC CPD requirements and best practice. A recommendation has been made in this regard.

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

As previously discussed, a review of the submitted staffing information and discussion with Ms Beattie confirmed that one member of staff had been recruited since the previous inspection. A review of the personnel file 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 a criminal conviction declaration and two written references. Verbal references had been sought however, a record of these had not been retained. RQIA received confirmation by electronic mail on 5 October 2016 that a criminal conviction declaration had been obtained and the written references were being sought. Mr MacAllister confirmed that two written references and a criminal conviction declaration will be sought and retained in personnel files in respect of any new staff recruited in the future.

There was a recruitment policy and procedure available. This had been revised following the previous inspection. The revised 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.

Some staff confirmed that they had attended training in respect of safeguarding adults at risk of harm and children however, training records were not available to review. Mr MacAllister was advised that all staff should receive training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. A recommendation has been made.

One overarching policy was in place for the safeguarding and protection of adults and children. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. Mr MacAllister has agreed to update the policy in keeping with new regional guidance.

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 with the exception of a self-inflating bag with reservoir suitable for use with children. RQIA received confirmation by electronic mail on 5 October 2016 that this item had been ordered.

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.

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. However, it was advised that the current protocols are updated in keeping with best practice guidance. RQIA received confirmation by electronic mail on 5 October 2016 that the protocols displayed had been updated.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were generally 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 uniform policy and hand hygiene.

Infection prevention and control issues were identified that were not in keeping with best practice. The joint in the identified worktop in one of the surgeries was not appropriately sealed and the overflow in the stainless steel hand-washing basin had not been blanked off. A recommendation has been made.

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 three steam sterilisers, have been provided to meet the practice requirements. A review of documentation and discussion with staff evidenced that equipment used in the decontamination process had not been appropriately validated in keeping with best practice. This was discussed with Mr MacAllister who agreed to arrange a date for the equipment to be validated. RQIA received confirmation by electronic mail on 6 October 2016 that the decontamination equipment had been validated on 30 September 2016. A recommendation has been made to ensure that the decontamination equipment is validated in keeping with best practice. A copy of the validation certificates should be submitted to RQIA.

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 Health Technical Memorandum (HTM) 01-05, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Ms Beattie confirmed that dental handpieces were compatible with the washer disinfectant. Processing of handpieces was discussed with Mr MacAllister and Ms Beattie who were advised to refer to the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015 which was issued to all dental practices by the DHSSPS. A recommendation has been made to review the procedure for the decontamination of dental handpieces.

A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05 Decontamination in primary care dental practices.

It was confirmed that the Infection Prevention Society (IPS) audit tool had not been completed. A recommendation has been made to complete the IPS audit tool six monthly in accordance with HTM 01-05.

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

Radiography

The practice has seven 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 demonstrated that the recommendations made have been addressed.

There was no record to verify that x-ray equipment has been serviced and maintained in accordance with the manufacturer's instructions. Mr MacAllister was unsure of the servicing requirements of the x-ray equipment available in the practice. It was agreed that Mr MacAllister would consult the manufacturer's instructions and take appropriate action. A recommendation has been made to establish service arrangements for each x-ray machine in accordance with respective manufacturer's instructions, the arrangements should be confirmed to RQIA in the returned QIP.

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. As previously discussed issues have been identified in relation to infection prevention and control.

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

Arrangements were in place for maintaining the environment. Discussion with Mr MacAllister confirmed that the servicing of the fire extinguishers was overdue and Mr MacAllister agreed to address this issue. RQIA received confirmation by electronic mail on 6 October 2016 that the fire extinguishers had been serviced on 30 September 2016.

A legionella risk assessment had been undertaken and as previously discussed water temperature are monitored and recorded as recommended.

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

Patient and staff views

Four patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were included in submitted questionnaire responses.

Ten staff submitted questionnaire responses. All 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

A system should be implemented to monitor and ensure that GDC CPD requirements are met by clinical staff in the practice. Records should be maintained of staff training and CPD

Refresher safeguarding training to include adults at risk and children should be provided as outlined in the Minimum Standards for Dental Care and Treatment (2011).

The issues in relation to infection prevention and control should be addressed in keeping with best practice guidance.

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.

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

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.

Establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.

Number of requirements	0	Number of recommendations	7
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4.4 Is care effective?

Clinical records

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

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 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 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:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- clinical records
- review of complaints/accidents/incidents

As previously discussed the Infection Prevention Society (IPS) audit tool had not been completed.

Communication

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

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

All 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.

Number of requirements	0	Number of recommendations	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. The practice offers intravenous sedation to patients and Ms Beattie confirmed that training for staff in this regard has been provided; however, there were no records of the training retained.

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

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

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

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision-making affecting their care. 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. Staff spoken with during the inspection concurred with this.

One comment was included in submitted questionnaire responses as follows:

- "Suggestion box in waiting room."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

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 on a three yearly basis. Discussion with Mr MacAllister confirmed that some of the policies were being updated at the time of the inspection. 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 2015 to 31 March 2016.

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

Mr MacAllister 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 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 of the patients who submitted questionnaire responses indicated that they felt that the service is well managed. No comments were included in submitted questionnaire responses.

All 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.

Number of requirements	0	Number of recommendations	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 MacAllister, registered person, and Ms Rachael Beattie, dental nurse, 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 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	
Recommendations	
Recommendation 1 Ref: Standard 11.4 Stated: First time To be completed by: 21 November 2016	<p>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.</p> <p>Records of training should be retained.</p> <p>Response by registered provider detailing the actions taken: Log sheets have been issued to all members of staff that require CPD and are annually checked to ensure that the necessary CPD has been carried out.</p>
Recommendation 2 Ref: Standard 15.3 Stated: First time To be completed by: 21 December 2016	<p>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).</p> <p>Response by registered provider detailing the actions taken: In house training was provided on 28th September. All staff are satisfied with their roles in Safeguarding.</p>
Recommendation 3 Ref: Standard 13.2 Stated: First time To be completed by: 21 November 2016	<p>The following issues in relation to infection prevention and control should be addressed in keeping with best practice guidance :</p> <ul style="list-style-type: none"> • 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 <p>Response by registered provider detailing the actions taken: All joints in work surfaces and overflow sealed.</p>
Recommendation 4 Ref: Standard 13.4 Stated: First time To be completed by: 21 September 2016	<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. Compatible handpieces should be processed in the washer disinfectant.</p> <p>Response by registered provider detailing the actions taken: New protocol typed and all staff made aware.</p>

<p>Recommendation 5</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2016</p>	<p>A robust system should be established to ensure that all decontamination equipment will be revalidated in keeping with best practice guidance.</p> <p>A copy of the validation certificates should be submitted to RQIA upon return of this Quality Improvement Plan (QIP).</p>
<p>Recommendation 6</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2016</p>	<p>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.</p> <p>Response by registered provider detailing the actions taken: Audit to be carried out by M. MacAllister in the next few weeks.</p>
<p>Recommendation 7</p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2016</p>	<p>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.</p> <p>The arrangements should be confirmed to RQIA in the returned QIP.</p> <p>Response by registered provider detailing the actions taken: All equipment validated on 30th September. Stickers attached to each machine to confirm this. Photographic evidence to follow.</p>

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address



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