Announced Care Inspection Report
7 June 2016

Cavity Corner Ltd

Service Type: Dental Service

Address: 236 Antrim Road, Belfast BT15 2AN
Tel No: 028 90 749679
Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of Cavity Corner Ltd took place on 07 June 2016 from 09:50 to 13:10.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service 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 McMaster, registered person 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. Three requirements have been made one in relation to AccessNI enhanced disclosure checks and two in relation to issues identified with radiology and radiation safety.

Seven recommendations have been made. Three recommendations stated during the previous inspection have not been fully addressed and have been stated for a second time in relation to the guidance in Professional Estates Letter (PEL) (13) 13, staff personnel files and the recruitment policy. Four further recommendations have been made in relation to the recording of AccessNI checks, decontamination records, the validation of decontamination equipment and the fire detection system.

Is care effective?

Observations made, review of documentation and discussion with staff demonstrated that effective systems were in place in relation to the management of clinical records, communication between staff and patients and the practice's health promotion strategy. However, there was limited evidence to confirm that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. Three recommendations have been made in relation to Freedom of Information, infection prevention and control audits and the management of records.

Is care compassionate?

Observations made, review of documentation and discussion with staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. One recommendation has been made in relation to patient satisfaction surveys.

Is the service well led?

Information gathered during the inspection evidenced some deficits in terms of leadership and governance arrangements. 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 person's understanding of their role and responsibility in accordance with legislation.

A significant number of requirements and recommendations have been made to address the deficits identified during this inspection to include three recommendations which have been stated for the second time. Therefore, one recommendation has been made to ensure that any requirements and/or recommendations made are addressed within the stated time frame and in addition one recommendation has been made in relation to quality assurance and governance arrangements.

The findings of this inspection and the lack of progress in relation to addressing the previous recommendations was discussed with senior management in RQIA, following which a decision was taken to schedule a follow-up inspection. The purpose of the follow-up inspection will be to seek assurances that the issues identified in the Quality Improvement Plan (QIP) have been addressed. Mr McMaster was informed that an unannounced follow-up inspection will be undertaken to Cavity Corner Ltd.

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	3	13

Details of the QIP within this report were discussed with Mr Brian McMaster, 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Cavity Corner Ltd Mr Brian McMaster	**Registered manager:** Mr Brian McMaster
Person in charge of the service at the time of inspection: Mr Brian McMaster	**Date manager registered:** 16 July 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 5

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 McMaster, registered person, an associate dentist, the practice manager and a dental nurse. A tour 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 15 June 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 15 June 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Regulation 15 (3) **Stated:** Second time	In keeping with the HSSPS policy directive as outlined in Professional Estates Letter (PEL) (13) 13 issued on the 1 October 2013 all compatible reusable dental instruments must be processed using an automated validated washer disinfector. The practice of manually cleaning reusable dental instruments and bypassing the washer disinfector must cease immediately.	**Met**
	Action taken as confirmed during the inspection: Discussion with a dental nurse and Mr McMaster confirmed that all compatible dental handpieces are processed in the washer disinfector.	
Requirement 2 **Ref:** Article 13 The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 **Stated:** First time	The registered person must address the following issue. Where the restructuring of a business results in a new entity being formed to carry on the regulated services, then an application for registration must be made to RQIA by that entity. As the practice is now registered as a Limited company, a new application should be submitted and appropriate fees paid as a matter of urgency to register the practice as Cavity Corner Limited…	**Met**
	Action taken as confirmed during the inspection: Following the previous inspection Mr McMaster submitted a full and complete registration application to RQIA in respect of Cavity Corner Ltd. Following review of the submitted application registration of Cavity Corner Ltd was approved with effect from 25 February 2016.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 13.4 **Stated:** First time	It is recommended that the steps taken to check handpiece/washer disinfector/detergent compatibility interim guidance for the cleaning of handpieces, should problems be identified as outlined in PEL (13) 13 Addendum 1 issued on the 24 March 2015 should be followed.	**Not Met**
	Action taken as confirmed during the inspection: Mr McMaster confirmed that since the practice started processing compatible handpieces in the washer disinfector he is of the opinion that the incidence of handpieces requiring repair has increased. Despite this Mr McMaster confirmed that he has not followed the steps to check handpiece/washer disinfector/detergent compatibility as outlined in PEL (13) 13 Addendum 1. However, as records in regards to handpieces sent for repair have only been retained since March 2016 a comparative cannot be established. This recommendation has not been met and has been stated for the second time.	
Recommendation 2 **Ref**: Standard 13 **Stated:** Second time	In accordance with best practice guidance the following control measure to reduce the risk of legionella should be implemented: routine monitoring of the sentinel water temperatures, records must be retained for inspection.	**Met**
	Action taken as confirmed during the inspection: Review of records demonstrated that hot and cold sentinel water temperatures are routinely monitored and records retained.	

Recommendation 3 **Ref**: Standard 11 **Stated:** First time	It is recommended that personnel files should be further developed in respect of any new staff to include the following: • positive proof of identity, including a recent photograph; • evidence that an enhanced AccessNI check was received prior to commencement of employment; • two written references, one of which should be from the current/most recent employer; • details of full employment history, including an explanation of any gaps in employment; • documentary evidence of qualifications, where applicable; • evidence of current GDC registration, where applicable; • criminal conviction declaration on application; • confirmation that the person is physically and mentally fit to fulfil their duties; and • evidence of professional indemnity insurance, where applicable.	**Partially Met**
	Action taken as confirmed during the inspection: Review of submitted staffing information and discussion with Mr McMaster demonstrated that one new staff member has commenced employment in Cavity Corner Ltd since the previous inspection. Review of the personnel file for the identified staff member demonstrated that not all of the documents listed within this recommendation had been retained. Additional information in this regard can be found in section 4.3 of this report. This recommendation has been partially addressed and has been stated for the second time.	

Recommendation 4 **Ref**: Standard 11.1 **Stated:** First time	It is recommended that the recruitment policy is further developed to include the procedure to be followed in regards to undertaking enhanced AccessNI checks.	**Not Met**
	Action taken as confirmed during the inspection: A recruitment policy dated February 2012 was reviewed, it was noted that the policy did not include the procedure to be followed in regards to undertaking enhanced AccessNI checks. This recommendation has not been addressed and has been stated for the second time.	
Recommendation 5 **Ref**: Standard 11.1 **Stated:** First time	It is recommended that a staff register should be developed and retained, to include name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.	**Met**
	Action taken as confirmed during the inspection: Review of documentation demonstrated that a staff register has been developed. Mr McMaster is aware that this is a live document and should be kept up-to-date.	

4.3 Is care safe?

Staffing

Five 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. It was confirmed that the practice is in the process of recruiting an additional staff member, once appointed it is anticipated that a staff member will be rostered to work in the decontamination room.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that induction programmes 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. 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 McMaster confirmed that one new staff member has been recruited since the previous inspection. Review of the personnel file for the identified staff member evidenced that the following records had been retained:

- positive proof of identity, including a recent photograph
- evidence that an AccessNI enhanced disclosure check had been undertaken
- details of full employment history, including an explanation of any gaps in employment
- evidence of current GDC registration
- evidence of professional indemnity insurance, where applicable

The file did not include two written references, one of which should be from the current/most recent employer, documentary evidence of qualifications, a criminal conviction declaration or confirmation that the person is physically and mentally fit to fulfil their duties. Mr McMaster was advised that staff personnel files should include all relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. As discussed previously a recommendation made during the previous inspection in this regard has been partially addressed and is now stated for the second time.

Review of the arrangements regarding AccessNI enhanced disclosure checks identified that the only information recorded for the identified staff member was the unique serial number of the check. This was discussed with Mr McMaster who confirmed that the check was received approximately two months after the staff member commenced employment. Mr McMaster was advised that an AccessNI enhanced disclosure must be undertaken by the practice and received prior to commencement of employment. A requirement was made in this regard. A recommendation was also made to ensure records are kept of the Access NI enhanced disclosure check in accordance with best practice guidance.

As discussed previously review of the recruitment policy evidenced that it did not include the procedure to be followed in respect of undertaking and reviewing AccessNI enhanced disclosure checks. A recommendation stated for the second time has been made in this regard.

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 during a practice meeting held during June 2015. In addition, some staff in the practice will be attending a Northern Ireland Medical and Dental Training Agency (NIMDTA) core day during June 2016. This core day will include safeguarding training.

It was confirmed that one overarching safeguarding policy for children and adults is in place for staff reference. It was observed that a procedural flowchart was displayed in each of the dental surgeries for reference should a safeguarding issue arise.

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 confirmed that an automated external defibrillator (AED) is not available in the practice. However, arrangements have been established to timely access a community AED. Mr McMaster confirmed that it is his intention to purchase an AED for the practice. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

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 outlining the local procedure for dealing with the various medical emergencies were available for staff reference.

Infection prevention control and decontamination procedures

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

Discussion with staff demonstrated that they had a good 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 disinfector and three steam sterilisers have been provided to meet the practice requirements. Review of documentation demonstrated that equipment used in the decontamination process had been serviced within the past year. However, a record to confirm the equipment had been validated within the previous 12 calendar months was not available. Mr McMaster confirmed that he was of the opinion that the decontamination equipment was validated at the same time the machine had been serviced. A recommendation has been made that a copy of validation certificates confirming that the equipment used in the decontamination process has been validated during the previous 12 calendar months should be submitted to RQIA.

It was confirmed that templates are used to record the results of periodic tests in respect of all equipment used during the decontamination process. Review of these templates demonstrated that information as outlined in Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices was not being consistently recorded. In respect of the washer disinfector the details of the daily cleaning efficacy test and confirmation that the filters and strainers are being inspected and cleaned daily is not always recorded. In respect of the steam sterilisers all details of the daily automatic control test are not always recorded. A recommendation has been made to address this.

Mr McMaster confirmed that the HTM 01-05 compliance audit using the Infection Prevention Society (IPS) audit tool is completed by the senior nurse, who was not on duty on the day of inspection. However, documentation to confirm that the audit had been completed within the previous six months as outlined in HTM 01-05 could not be located during the inspection. This is discussed further in section 4.4 of this report.

As discussed previously Mr McMaster confirmed that he is of the opinion that the incidence of dental handpieces requiring repair has increased following the processing of compatible handpieces in the washer disinfector. The steps to check handpiece/washer disinfector/detergent compatibility as outlined in PEL (13) 13 Addendum 1 have not been followed and records in regards to handpieces sent for repair have only been retained since March 2016. A recommendation stated for the second time has been made in this regard.

It was confirmed that a range of policies and procedures were in place in relation to decontamination and infection prevention and control.

Radiography

The practice has five 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. Mr McMaster confirmed that the OPG has been decommissioned and is not is use.

Review of the dedicated radiation protection file demonstrated a number of issues as follows:

- the file included various documents produced by three different radiation protection advisors (RPA's). It was not clear who the appointed RPA for the practice was and Mr McMaster was not able to confirm who the appointed RPA for the practice was
- not all records relating to radiology and radiation safety were included in the file. The file did not include a record of staff entitlements or records of x-ray quality grading and clinical justification and evaluation recording audits. Mr McMaster confirmed that an associate dentist completes the x-ray audits, however records of these audits were not available for review
- the file contained two RPA critical examination certificates, each certificate pertained to a x-ray machine, the certificates were dated February 2010 and July 2010, there were no RPA critical examination certificates for the other three intra-oral x-ray machines. Each x-ray machine should have a critical examination undertaken every three years by the appointed RPA
- the file contained four RPA reports, each report pertained to a x-ray machine, there was no RPA report for one x-ray machine. Three reports had been issued by the same RPA during August 2012, and one report was issued by a different RPA during May 2012. An RPA report (issued within the last three years) should be available for each x-ray machine

- the file contained three different sets of local rules produce by three different RPA's, it was not clear which set of local rules were being applied in the practice. A record to confirm that staff had read and understood the local rules was not available
- the file contained maintenance records, however records to confirm that x-ray equipment had been serviced in keeping with manufacturer's instruction were not available

The issues identified above were discussed with Mr McMaster. The appointed radiation protection supervisor (RPS) was on a leave of absence and was therefore not available for discussion during the inspection. Two requirements have been made in relation to reviewing the radiation protection file, appointing an RPA and ensuring that all x-ray equipment has a critical examination undertaken.

Following this inspection the issues identified above in relation to radiology and radiation safety and the findings of this inspection were discussed with senior representatives in RQIA. A decision was made that a follow-up inspection would be undertaken to Cavity Corner Ltd to assess compliance with all requirements and recommendations made as a result of this inspection. Mr McMaster was informed on the 8 June 2016 that a follow-up inspection would be scheduled.

Environment

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

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

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

A legionella risk assessment has been completed and legionella control measures to include routine monitoring of sentinel water temperatures have been implemented.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire. Mr McMaster confirmed that although the emergency break glass boxes and emergency lighting are routinely checked these checks are not recorded. A recommendation has been made to address this.

Review of documentation demonstrated that the pressure vessels have been inspected during March 2016 in keeping with the written scheme of examination.

Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was provided:

- "Staff very approachable and premises always clean"

Fifteen staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm.

Areas for improvement

AccessNI enhanced disclosure checks must be undertaken and received prior to new staff commencing work in the practice.

Information within AccessNI enhanced disclosure certificates should be recorded.

The recruitment policy should be further developed to ensure it reflects best practice guidance.

Staff personnel files for newly recruited staff including self-employed staff should include the information as indicated in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Validation certificates for all equipment used in the decontamination process should be submitted to RQIA.

Periodic test results should be recorded in machine logbooks in keeping with HTM 01-05.

The steps outlined in PEL (13) 13 Addendum 1 should be followed.

The radiation protection file must be reviewed.

An RPA must be appointed and a critical examination of all x-ray machines must be completed.

Routine testing of the fire detection system should be recorded

Number of requirements:	3	Number of recommendations:	7

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.

It was confirmed during discussion 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. Staff 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.

The practice is registered with the Information Commissioner's Office (ICO). It was confirmed that a Freedom of Information Publication Scheme had not been developed. Following this inspection a model Freedom of Information Publication Scheme was forwarded to Mr McMaster. A recommendation has been made in this regard.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Discussion with staff demonstrated that a range of information leaflets are available, that models are used to demonstrate brushing techniques and that samples of oral health products are distributed to patients.

Audits

There was limited evidence to confirm that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals.

As outlined previously a number of issues were identified in relation to infection prevention and control and decontamination practices. These issues should have been identified and addressed through regular audit using the Infection Prevention Society HTM 01-05 audit tool. A recommendation has been made.

It was confirmed that dentists were recording a quality grade and justification and clinical evaluation for each x-ray taken. However, x-ray quality grading and justification and clinical evaluation recording audits could not be accessed during the inspection. The completion of x-ray audits is included in a requirement made in regards to the radiation protection file.

As outlined previously records requested during the inspection to include x-ray and infection prevention and control audits and as discussed below patient satisfaction reports were not available for review and a recommendation has been made in this regard.

Communication

Mr McMaster and staff 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. In addition to the monthly staff meeting a dentist only meeting is held every three months. 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 18 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comment was provided:

- “Reception are always helpful”

All 15 staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. The following comment was provided:

- “Patients in pain dealt with asap”

Areas for improvement

A Freedom of Information Publication Scheme should be developed and implemented.

Compliance with HTM 01-05 should be audited every six months using the IPS audit tool.

Records should be available for inspection at all times.

Number of requirements:	0	Number of recommendations:	3

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.

Clinical staff confirmed that treatment options, including the risks and benefits, were discussed with each patient to ensure they understood what treatment is available to them in order that they could make an informed choice. Discussion with staff demonstrated how consent would be obtained.

Discussion with Mr McMaster and staff demonstrated that the practice was in the process of distributing patient satisfaction surveys. Mr McMaster confirmed that a staff member had been delegated responsibility for analysing the information provided in completed patient questionnaires and compiling a summative report of the main findings. However the identified staff member was not present during the inspection and the summative report was not available for review.

A recommendation has been made that a copy of the most recent patient satisfaction summative report should be available to patients and other interested parties. A copy of the report should be forwarded to RQIA upon return of the QIP.

Patient and staff views

All 18 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was provided:

- "I am quite nervous of going to the dentist due to previous bad experiences many years ago. Staff are very compassionate and explain everything making me at ease"

All 15 staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. The following comment was provided:

- "No patient feedback surveys but patients always respected and treated with confidentiality"

Areas for improvement

The report detailing the findings of the most recent patient satisfaction survey should be made available to patients and other interested parties. A copy of the report should be forwarded to RQIA.

Number of requirements:	0	Number of recommendations:	1

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. There was a nominated individual with overall responsibility for the day to day management of the practice.

As outlined previously a number of issues were identified which indicate a lack of governance and oversight arrangements of the processes in place at this practice. There was limited evidence of regular auditing of these systems and processes. Regular auditing and reviewing would enable the registered person to identify the issues outlined and improve the overall quality of the service being provided.

Evidence was not available to confirm that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. As identified previously the most recent patient satisfaction survey was not available for review.

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 displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. Discussion with Mr McMaster and review of the information 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.

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

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

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

Review of the previous QIP identified that three of the five recommendations were either only partially met or not met. The registered person should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame. A recommendation has been made in this regard.

Evidence gathered during the inspection has identified a number of issues which could affect the delivery of safe and effective and compassionate care, all of which have an impact on quality assurance and good governance. Three requirements and 12 recommendations have been made in order to progress improvement in identified areas. The lack of governance arrangements within the practice and the requirements and recommendations made during this inspection must be actioned to ensure improvements are made. It is important these are kept under review to ensure improvements are sustained. An additional recommendation has been made to review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

As stated previously a follow-up inspection will be undertaken to Cavity Corner Ltd to seek assurances that the issues identified in the QIP have been addressed.

Patient and staff views

All 18 patients who submitted questionnaire responses indicated that they feel that the service is well managed. Comments provided included the following:

- "On all my appointments I have been seen promptly. Staff at reception are always very welcoming and friendly and it appears to run very smoothly"
- "Great team, always make you feel welcome and at ease"

All 15 staff questionnaire responses indicated that they feel that the service is well led. The following comment was provided:

- "Regular staff meetings – both dentists and nurses, nurses only and dentist only. Separate 'got to' people for dentists and nurses which I think works well"

Areas for improvement

The registered person should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame.

Review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Number of requirements:	**0**	**Number of recommendations:**	**2**

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr McMaster, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person 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 person 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person 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 the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Independent.Healthcare@rqia.org.uk and assessed 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 person/manager 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 person/manager 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 19 (2) (d) Schedule 2 **Stated:** First time **To be completed by:** 07 June 2016	The registered person must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to new staff commencing work in the practice. **Response by registered person detailing the actions taken:** Staff personnel files for the three latest recruits include all relevant information including records kept of the Access NI enhanced disclosure check.
Requirement 2 **Ref:** Regulation 19 (1) (b) **Stated:** First time **To be completed by:** 07 August 2016	The registered person must ensure that the radiation protection file is reviewed. The radiation protection file should include: • the name of the appointed RPA • a copy of the relevant local rules signed by all appropriate staff to confirm they have read and understood them • a copy of the employer's procedures for the practice to include all aspects as required under the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 as amended • a record of staff entitlements • audits of x-ray quality grading (to be completed every six months) • audits of justification and clinical evaluation recording (to be completed annually) • a copy of the most recent RPA report(s) and confirmation that any recommendations made within the report(s) have been addressed • records pertaining to the servicing and maintenance of radiology equipment • records of radiology training • the radiology file should only include current information; information which is no longer applicable should be removed and filed appropriately **Response by registered person detailing the actions taken:** A new radiation protection file is currently retained at the Practice and an RPA appointed ONEPHOTON LTD.

Requirement 3 **Ref:** Regulation 19 (1) (b) **Stated:** First time **To be completed by:** 07 July 2016	The registered person must ensure that the following issues in relation to radiology and radiation safety are addressed: • a radiation protection advisor (RPA) must be appointed; confirmation of appointment should be retained in the radiation protection file • a critical examination by the appointed RPA of all x-ray equipment must be arranged • confirmation that a RPA has been appointed, the details of the appointed RPA and the date the critical examination has been scheduled must be submitted to RQIA
	Response by registered person detailing the actions taken: RPA. ONE MOTION LTD 22nd JULY 2016
Recommendations	
Recommendation 1 **Ref**: Standard 13.4 **Stated:** Second time **To be completed by:** 07 August 2016	It is recommended that the steps taken to check handpiece/washer disinfector/detergent compatibility interim guidance for the cleaning of handpieces, should problems be identified as outlined in PEL (13) 13 Addendum 1 issued on the 24 March 2015 should be followed.
	Response by registered person detailing the actions taken: The steps have been followed as outlined in PEL (13) 13 Addendum 1.
Recommendation 2 **Ref**: Standard 11 **Stated:** Second time **To be completed by:** 07 June 2016	It is recommended that personnel files should be further developed in respect of any new staff to include the following: • positive proof of identity, including a recent photograph • evidence that an enhanced AccessNI check was received prior to commencement of employment • two written references, one of which should be from the current/most recent employer • details of full employment history, including an explanation of any gaps in employment • documentary evidence of qualifications, where applicable • evidence of current GDC registration, where applicable • criminal conviction declaration on application • confirmation that the person is physically and mentally fit to fulfil their duties • evidence of professional indemnity insurance, where applicable
	Response by registered person detailing the actions taken: Care is now being taken to ensure files are kept properly

Recommendation 3 **Ref**: Standard 11.1 **Stated:** First time **To be completed by:** 07 June 2016	The registered person should ensure that information within AccessNI enhanced disclosure certificates is recorded as follows: • a record of the date that the application form was submitted to the umbrella organisation • a record of the date the enhanced disclosure check was received by the practice • a record of the unique AccessNI reference number on the disclosure certificate • the date and outcome of the registered persons consideration of that certificate
	Response by registered person detailing the actions taken: Latest records of the three new recruits record such information in regard to Access NI disclosure certificates
Recommendation 4 **Ref**: Standard 11.1 **Stated:** Second time **To be completed by:** 07 August 2016	It is recommended that the recruitment policy is further developed to include the procedure to be followed in regards to undertaking enhanced AccessNI checks.
	Response by registered person detailing the actions taken: This has been implemented, the recruitment policy has been updated.
Recommendation 5 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 07 August 2016	The registered person should submit to RQIA upon return of this QIP a copy of the validation certificates confirming that the equipment used in the decontamination process has been validated during the previous 12 calendar months.
	Response by registered person detailing the actions taken: Most recent validation certificates enclosed.
Recommendation 6 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 14 June 2016	The registered person should ensure that all information as outlined in the 2013 edition of HTM 01-05 in regards to periodic tests in respect of all equipment used in the decontamination process is consistently recorded in the machine logbooks.
	Response by registered person detailing the actions taken: This has been brought to the attention of the Head Nurse who has instructed all nurses. A decon nurse has been recruited.
Recommendation 7 **Ref**: Standard 14.2 **Stated:** First time **To be completed by:** 07 August 2016	The registered person should ensure that routine tests undertaken in respect of the fire detection system to include checks of the emergency break glass boxes and emergency lighting are recorded.
	Response by registered person detailing the actions taken: These checks are now recorded and a fire log kept in reception

Recommendation 8 **Ref**: Standard 10.3 **Stated:** First time **To be completed by:** 07 July 2016	The registered person should develop and implement a Freedom of Information Publication Scheme. **Response by registered person detailing the actions taken:** The practice now holds a Publication Scheme which is publicly available.
Recommendation 9 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 07 July 2016	The registered person should ensure that compliance with HTM 01-05 is audit every six months using the IPS audit tool in keeping with best practice guidance. Sharps blood borne virus 2.8.16 **Response by registered person detailing the actions taken:** A recent audit 02/08/16 has been carried out.
Recommendation 10 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 07 June 2016	The registered person should ensure that all records pertaining to the practice are available for review by inspectors and staff. **Response by registered person detailing the actions taken:** The records are kept on site and available for review.
Recommendation 11 **Ref**: Standard 9.4 **Stated:** First time **To be completed by:** 25 July 2016	The registered person should ensure that a copy of the report detailing the main findings of the most recent patient satisfaction surveys should be available to patients and other interested parties. A copy of the report should be forwarded to RQIA upon return of the QIP. **Response by registered person detailing the actions taken:** Summative report enclosed
Recommendation 12 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 07 June 2016	The registered person should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame. **Response by registered person detailing the actions taken:** Failure to read section 5.3 of the draft inspection report was therefore unaware that the QIP had to be completed and returned, but rest assured all requirements and recommendations are in pl

Recommendation 13 **Ref**: Standard 8 **Stated:** First time **To be completed by:** 07 August 2016	The registered person should review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation. **Response by registered person detailing the actions taken:** A robust system is now in place using the dental software management system.

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