

Announced Care Inspection Report 15 January 2018



Cherryvalley Dental Care Ltd

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 33 Gilnahirk Road, Belfast, BT5 7DB
Tel No: 028 90401689
Inspector: Norma Munn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with four registered places providing NHS and private dental care and treatment.

3.0 Service details

Organization/Registered Provider: Cherryvalley Dental Care Ltd Responsible Individual: Mr Mark Haycock	Registered Manager: Mr Mark Haycock
Person in charge at the time of inspection: Mr Mark Haycock	Date manager registered: 19 December 2014
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

4.0 Inspection summary

An announced inspection took place on 15 January 2018 from 10.00 to 13.15.

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 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 relation to radiology, health promotion, and engagement to enhance the patients' experience.

Three areas requiring improvement were identified against the regulations. These were to ensure that all information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 is retained and available for inspection, that an AccessNI enhanced disclosure check is undertaken and received prior to any new staff commencing work in the future and a staff register is maintained in accordance with legislation.

Six areas requiring improvement were identified against the standards. These were in relation to the induction of staff, the General Dental Council (GDC) continuing professional development (CPD) review arrangements, the provision of safeguarding training, reviewing the safeguarding policies, the provision and checking of medical emergency equipment, periodic testing of decontamination equipment and fire safety.

Most of the patients who submitted questionnaire responses to RQIA indicated that they were either satisfied or very satisfied with all aspects of care in this service. Two patient responses indicated that they were neither satisfied nor unsatisfied in respect of effective care and a well led service. One comment provided included the following:

- “Very pleased with the care and attention I receive as a patient here.”

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	3	6

Details of the Quality Improvement Plan (QIP) were discussed with Mr Mark Haycock, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 02 August 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 02 August 2016.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the 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 Mark Haycock, registered person, the practice manager, an associate dentist, two dental nurses and a trainee dental nurse. A tour of the premises was also undertaken.

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

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

The findings of the inspection were provided to Mr Haycock, registered person, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 02 August 2016

The most recent inspection of the practice was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 02 August 2016

There were no areas for improvement made as a result of the last care inspection.

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

Four 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.

Mr Haycock confirmed that six staff had been recruited since the previous inspection. A review of the personnel files for these staff members evidenced that an induction had not been

completed and retained for three of the new staff recruited. An area for improvement against the standards has been made in this regard.

Staff confirmed that appraisals had taken place. Appraisals were not reviewed during this inspection. Staff confirmed that they felt supported and involved in discussions about their personal development.

Staff confirmed that they keep themselves updated with GDC CPD requirements; however, there was no oversight of this by the practice. Training records were not available for inspection with the exception of recent training carried out in the management of medical emergencies and radiology. It was advised that Mr Haycock should have systems in place to satisfy himself that his clinical staff are keeping themselves updated. Review of individual staff member's professional development is intricate to the appraisal process and assists in the identification of training needs to meet the needs of the practice. An area for improvement against the standards 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

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

Four of the personnel files reviewed did not contain photographic identification, a criminal conviction declaration, two written references, confirmation that the person is physically and mentally fit to fulfil their duties or a copy of the contract or agreement. Three of the files reviewed did not contain a full employment history. Mr Haycock advised that he had sought all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 for the six staff recruited however he had retained the missing documentation off site. Mr Haycock was advised that all information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 should be retained and available for inspection. One area for improvement against the regulations has been made in this regard.

A review of records confirmed that all six staff recently recruited had an AccessNI enhanced disclosure check undertaken. However, one of the AccessNI checks had been received after the member of staff had commenced employment. This was discussed with Mr Haycock and it was advised that an AccessNI enhanced disclosure check should be undertaken and received prior to any new staff member commencing work in the future. An area for improvement against the regulations has been made in this regard.

A staff register had not been maintained in accordance with legislation. An area for improvement against the regulations has been made in this regard.

There was a recruitment policy and procedure available. The policy did not reflect legislative and best practice guidance. Mr Haycock agreed to further develop the policy and following the inspection RQIA received a copy of revised recruitment policy that was in keeping with legislative and best practice guidance.

Safeguarding

All staff spoken with were aware of the types and indicators of abuse. However, not all staff were fully aware of the actions to be taken in the event of a safeguarding issue being identified and were unsure of who the nominated safeguarding lead was. During the inspection a member of staff discussed a safeguarding concern with the inspector. Mr Haycock was immediately made aware of the safeguarding concern raised and was advised to further investigate this in keeping with regional policies and best practice guidance, in order to determine if the concern raised meets the definition of an adult at risk or an adult in need of protection. Mr Haycock was also advised to ensure that all staff are made aware of the actions to be taken in the event of a safeguarding concern being identified and who the nominated safeguarding lead was in the practice. Following the inspection Mr Haycock confirmed that safeguarding policies and procedures had been discussed at a recent staff meeting and he has given assurances that all his staff are aware of the actions to be taken in the event of a safeguarding concern being identified and who the identified safeguarding lead is. Following the inspection RQIA received confirmation that the safeguarding concern had been fully investigated by a newly appointed safeguarding lead in the practice and a decision had been that no further action was required.

On the day of the inspection records were not available to evidence that staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Due to the safeguarding concern raised during the inspection and the lack of knowledge of staff it was advised that safeguarding training should be undertaken for all staff as a matter of urgency. Following the inspection RQIA received evidence to confirm that Mr Haycock had attended safeguarding adults training during March 2017 and both Mr Haycock and the newly appointed safeguarding lead had attended safeguarding children training at designated officer level during November 2017. RQIA also received evidence to confirm that the safeguarding lead is currently on a waiting list to attend an adult safeguarding champion course in February 2018. An area for improvement against the standards has been made in relation to safeguarding training for all other staff.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included some of the types and indicators of abuse and referral pathways in the event of a safeguarding issue arising with an adult or child. However, the policies did not fully reflect regional policies and best practice guidance. Mr Haycock agreed to further develop the policies. Following the inspection RQIA received a copy of the revised policies which were in keeping with legislative and best practice guidance with the exception of including relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. RQIA received further confirmation on 25 January 2018 that this information had been included.

Copies of the regional policies and guidance documents entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016), 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and the 'Adult Safeguarding Operational Procedures' (September 2016) were forwarded to the practice following the inspection. Mr Haycock was advised to share these with staff.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). A discussion took place

regarding the procedure for the safe administration of Buccolam and the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) and the BNF. Mr Haycock has given assurances that in the event of a medical emergency Buccolam will be administered as recommended by the HSCB and the BNF.

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 a child and child automated external defibrillator (AED) pads. Following the inspection RQIA received confirmation and photographic evidence that these items had been provided.

The oropharyngeal airways provided had exceeded their expiry dates. Following the inspection RQIA received confirmation that the expired airways had been replaced. An area for improvement against the standards has been made that more robust arrangements are implemented to ensure that emergency equipment does not exceed their expiry date.

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.

Infection prevention control and decontamination procedures

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

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector, a DAC Universal and three steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.

A review of equipment logbooks for the three steam sterilisers evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. Mr Haycock and staff confirmed that periodic tests are carried out in respect of the washer disinfector however; the results of

periodic tests had not been recorded in the log book since November 2017. The weekly protein residue test for the DAC Universal was also not being recorded and Mr Haycock confirmed that weekly protein residue tests were not being carried out in respect of the DAC Universal. An area for improvement against the standards has been made in this regard.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during January 2018.

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

Radiography

The practice has four surgeries, each of which has an intra-oral x-ray machine.

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

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

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

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

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

Detailed cleaning schedules and a colour coded cleaning system was in place.

Arrangements were in place for maintaining the environment. This included the servicing of fire-fighting equipment. A legionella risk assessment had been undertaken and Mr Haycock confirmed that water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and reviewed. Staff demonstrated that they were aware of the action to take in the event of a fire. A review of records evidenced that two members of staff had attended fire warden training. However, some of the staff confirmed that they had not attended fire awareness training or fire drills within the past year. Mr Haycock confirmed that fire drills had taken place and staff had attended training, however, there was no

evidence of any records being retained. An area for improvement against the standards has been made in this regard.

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

Patient and staff views

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.

Eight 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. Six staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. One indicated that they were very unsatisfied; however this may have been in error as this member of staff also indicated that patients are safe and protected from harm. One comment provided included the following:

- “Regular reviews of practice policies etc.”

Areas of good practice

There were examples of good practice found in relation to radiology.

Areas for improvement

Induction programmes should be completed and retained for all new staff recruited in the future.

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

All information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 should be retained and available for inspection.

An AccessNI enhanced disclosure check should be undertaken and received prior to any new staff member commencing work in the future.

A staff register should be developed and maintained to include the names and details of all staff who are and have been employed in the practice.

All staff should attend training in safeguarding of children and adults commensurate of their role in keeping with best practice guidance and in accordance with the Minimum Standards for Dental Care and Treatment 2011.

More robust arrangements should be implemented to ensure that emergency equipment does not exceed their expiry date.

Periodic tests in respect of all decontamination equipment should be undertaken and recorded in keeping with HTM 01-05.

All staff should attend fire awareness training and fire drills on an annual basis, a record should be kept in this regard.

	Regulations	Standards
Total number of areas for improvement	3	6

6.5 Is care effective?

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

Clinical records

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

Mr Haycock and staff 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. 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. There was a range of health promotion information leaflets were available in the practice. Mr Haycock 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
- IPS HTM 01-05 compliance
- patient satisfaction survey

Communication

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

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

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

A breaking bad news policy in respect of dentistry was in place.

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. Sixteen patients indicated they were very satisfied with this aspect of care, two indicated they were satisfied and one was undecided.

All of the 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. Six staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. One indicated that they were very unsatisfied, however as previously discussed this may have been in error as this member of staff also indicated that patients get the right care, at the right time and with the best outcome for them. One comment provided included the following:

- “Regular audits.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity, respect and involvement in decision making

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

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensures that patients understand 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. Sixteen patients indicated they were very satisfied with this aspect of care and three indicated they were satisfied.

All of the 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. Six staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. One indicated that they were very unsatisfied, however as previously discussed this may have been in error as this member of staff also indicated that patients are treated with dignity and respect and are involved in decision making affecting their care. One comment provided included the following:

- “Recent patient satisfaction audit suggest we are meeting appropriate standards.”

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 generally aware of who to speak to if they had a concern. However, as previously discussed there was some confusion as to who the safeguarding lead was.

Policies and procedures were available for staff reference. Mr Haycock confirmed that policies and procedures were indexed, dated and systematically reviewed on a yearly basis. Staff spoken with were aware of the policies and how to access them.

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.

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

A whistleblowing/raising concerns policy was available. However discussion with staff confirmed that they were not always aware of who to contact if they had a concern. This was discussed and Mr Haycock has agreed to address this issue.

Mr Haycock is the nominated individual with overall responsibility for the day to day management of the practice. Mr Haycock demonstrated an understanding of his role and responsibility in accordance with legislation, however, three areas requiring improvement were identified against the regulations and six areas requiring improvement were identified against the standards. There is a lack of governance and oversight arrangements within this practice and the areas for improvement identified during this inspection must be actioned to ensure

improvements are made. It is also important that these areas are kept under review to ensure the improvements made are sustained.

Patient and staff views

All of the 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, four indicated they were satisfied and one was undecided.

All of the submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. Five staff indicated they were very satisfied with this aspect of the service and two indicated they were satisfied. One indicated that they were very unsatisfied, however as previously discussed this may have been in error as this member of staff also indicated that the service is well managed. No comments were included.

Areas of good practice

There were examples of good practice found in relation to the management of complaints and incidents 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 Mr Haycock, registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005, 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21(3) Stated: First time To be completed by: 15 January 2018	All information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 should be retained and available for inspection. Ref: 6.4 Response by registered person detailing the actions taken: A secure drawer has been identified to allow us to keep all personnel records onsite
Area for improvement 2 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time To be completed by: 15 January 2018	The registered person shall ensure that an AccessNI enhanced disclosure check is undertaken and received prior to any new staff, including self-employed staff, commencing work in the future. Ref: 6.4 Response by registered person detailing the actions taken: We ensure AccessNI is in place prior to a new employee starting work. The employee mentioned by the inspector had worked for us previously and I was unaware we needed a new check at the time- but one was organised.

<p>Area for improvement 3</p> <p>Ref: Regulation 21(3)</p> <p>Stated: First time</p> <p>To be completed by: 15 February 2018</p>	<p>The registered person shall ensure that a staff register is developed and maintained to include the names and details of all staff who are and have been employed in the practice.</p> <p>The register should include the name, date of birth, position, dates of employment and details of professional qualification and professional registration with the GDC, where applicable. This should also include self-employed staff working in the practice.</p> <p>Ref: 6.4</p>
<p>Response by registered person detailing the actions taken: A staff register has been started and will be kept with the personnel records.</p>	
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p> <p>To be completed by: 15 January 2018</p>	<p>The registered person shall ensure that induction programmes are completed and retained for all new staff recruited in the future.</p> <p>Ref: 6.4</p>
<p>Response by registered person detailing the actions taken: Induction programs are completed for all new staff members and will in future be kept securely onsite.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 11.4</p> <p>Stated: First time</p> <p>To be completed by: 15 February 2018</p>	<p>The registered person shall implement a system 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 are to be retained.</p> <p>Ref: 6.4</p>
<p>Response by registered person detailing the actions taken: We can monitor employed staff and their online CPD, but will insist all team members keep a record onsite of their CPD.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 15 March 2018</p>	<p>The registered person shall ensure that all staff attend training in safeguarding of children and adults commensurate of their role in keeping with best practice guidance and in accordance with the Minimum Standards for Dental Care and Treatment 2011.</p> <p>Ref: 6.4</p>
<p>Response by registered person detailing the actions taken: Our designated lead is to attend a 6-hour course on 8th February- they will then return to train the team at the next staff meeting. There is access to online training also.</p>	

<p>Area for improvement 4</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 15 February 2018</p>	<p>The registered person shall ensure that more robust arrangements are implemented to ensure that emergency equipment does not exceed their expiry dates.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The airways and AED pads have been added to the monthly emergency drug monitoring program at the practice.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 15 January 2018</p>	<p>The registered person shall ensure that periodic tests for all decontamination equipment are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: These tests are all carried out and logged appropriately.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12.5</p> <p>Stated: First time</p> <p>To be completed by: 15 March 2018</p>	<p>The registered person shall ensure that all staff attend fire awareness training and fire drills on an annual basis. A record should be retained in this regard.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: We have already offered a fire drill and training- this is logged online along with our fire risk assessment via their web portal.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and
Quality Improvement
Authority

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