Announced Care Inspection Report
6 July 2017

Cliftonville Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 46 Cliftonville Road, Belfast, BT14 6JY
Tel No: 028 9035 1372
Inspector: Norma Munn

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 three registered places.

3.0 Service details

Organisation/Registered Provider: Mr Jeremy Turk **Responsible Individual:** Mr Jeremy Turk	**Registered Manager:** Mr Jeremy Turk

Person in charge at the time of inspection: Mr Jeremy Turk	**Date manager registered:** 07 December 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

4.0 Inspection summary

An announced inspection took place on 6 July 2017 from 10:00 to 13.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidence in all four domains. These relate to staff training and development, patient safety in respect of recruitment and radiology, health promotion and engagement to enhance the patient's experience.

Areas requiring improvement were identified in relation to the safeguarding policies, the provision of Buccolam medication, auditing compliance with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices and to de-clutter the identified store room adjacent to the ground floor surgery.

Patients who submitted questionnaire responses to RQIA indicated they were very satisfied or satisfied with all aspects of care and service in this practice.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Mr Turk, 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 22 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 June 2016.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Turk, registered person,the practice manager, an associate dentist, two dental nurses and a trainee dental nurse.

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

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 June 2016

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

6.2 Review of areas for improvement from the last care inspection dated 22 June 2016

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td>Area for improvement 1

Ref: Regulation 19 (2) (d) Schedule 2

Stated: First time</td><td>The registered person must ensure that the following issues in relation to AccessNI enhanced disclosure checks are addressed:

• an AccessNI enhanced disclosure check must be undertaken for the identified staff member
• AccessNI enhanced disclosure checks must be undertaken and received prior to any new staff commencing work in the practice</td><td rowspan="2">Met</td></tr>
<tr><td></td><td>Action taken as confirmed during the inspection:
A review of records and discussion with Mr Turk confirmed that an enhanced AccessNI check had been obtained for the identified member of staff.

Mr Turk confirmed that no new staff have commenced employment since the previous inspection. Mr Turk is aware that AccessNI enhanced disclosure checks must be undertaken and received prior to any new staff commencing work in the practice.</td></tr>
</table>

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 **Ref**: Standard 11.1 **Stated:** Second time	It is recommended that a review of the procedure for establishing new staff personnel files is undertaken to ensure that any new files created will include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	**Met**
	Action taken as confirmed during the inspection: As discussed Mr Turk confirmed that no new staff have commenced employment since the previous inspection. A review of the revised recruitment policy, the development of pre-employment checklists and discussion with Mr Turk confirmed that personnel files will include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 for any new staff recruited in the future.	
Area for improvement 2 **Ref**: Standard 13.4 **Stated:** First time	Review the periodic tests undertaken in respect of the equipment used in the decontamination process to ensure that periodic test are undertaken and recorded in keeping with HTM 01-05. A weekly protein residue test should be undertaken in respect of the DAC Universal and a daily steam penetration test should be undertaken in respect of the vacuum steriliser.	**Met**
	Action taken as confirmed during the inspection: A review of equipment logbooks and discussion with staff confirmed that all periodic tests are undertaken and recorded in keeping with HTM 01-05.	
Area for improvement 3 **Ref**: Standard 14.4 **Stated:** First time	Review the manufacturer's instruction for the intra-oral x-ray machines and OPG and establish the servicing arrangements. Any recommendations made in the manufacturer's instructions and as a result from the servicing should be actioned.	**Met**
	Action taken as confirmed during the inspection: A review of records and discussion with Mr Turk confirmed that the three intra-oral x-ray	

	machines were serviced on 7 September 2016 and again on 5 July 2017. The orthopan tomogram machine (OPG) was serviced on 7 September 2017.	
Area for improvement 4 **Ref**: Standard 13.2 **Stated:** First time	Ensure that water temperatures are monitored and recorded in keeping with best practice guidance as outlined in Legionnaires' disease Part 2: The control of legionella bacteria in hot and cold water systems.	**Met**
	Action taken as confirmed during the inspection: A review of records and discussion with Mr Turk confirmed that water temperatures are monitored and recorded on a weekly basis.	

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

Three dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there were sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

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

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Mr Turk and staff confirmed that the appraisals are referred to as "Job chats" to create a less formal atmosphere between management and staff. 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 Turk confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should

staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for inspection.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

Staff were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

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. It was confirmed that the safeguarding lead has completed training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies reviewed included distinct referral pathways in the event of a safeguarding issue arising with an adult or child and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. However, the safeguarding adults and children policies did not fully reflect the regional guidance documents and policies. An area of improvement against the minimum standards has been identified to address this.

It was confirmed that copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were available for staff reference. Following the inspection the "Adult Safeguarding Operational Procedures" September 2016 was emailed to the practice. Mr Turk intends to organise further safeguarding training, in house, to update staff in relation to the new safeguarding regional policy and guidance documents.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). The format of Buccolam was not the format recommended by the Health and Social Care Board (HSCB). This was discussed and Mr Turk agreed to provide Buccolam in pre filled syringes as recommended. An area of improvement against the minimum standards has been identified to address this.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. 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, some of the protocols displayed were dated 2009 and were not in keeping with best practice guidance. Mr Turk removed these on the day of the inspection and has agreed to replace these with protocols in keeping with best practice guidance.

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. Best practice in terms of the uniform and hand hygiene policies was discussed. Mr Turk has agreed to remind staff of the importance of hand hygiene in relation to the use of nail varnish and false nails.

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. Training records were available for inspection.

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, a DAC Universal and two 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. As discussed, a review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

The Infection Prevention Society (IPS) audit had not been completed since 30 September 2016. It was advised that the practice should audit compliance with HTM 01-05 using the IPS audit tool on a six monthly basis. An area of improvement against the minimum standards has been identified to address this.

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

Radiography

The practice has three 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.

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. The store room adjacent to the ground floor dental surgery was cluttered with various items stored on the floor. Mr Turk was advised to de clutter this area to ensure that effective cleaning can take place. An area of improvement against the minimum standards has been identified to address this.

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

Arrangements are in place for maintaining the environment.

A legionella risk assessment had been completed and reviewed on an annual basis and as discussed water temperatures are monitored and recorded as recommended.

A fire risk assessment had been completed and reviewed on an annual basis 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.

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

Ten patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Nine patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Comments provided included the following:

- "Great friendly staff."
- "Staff are helpful and do their best to make you feel at ease."

Nine 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. Seven 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 member of staff also felt that the care was safe and no comment was provided. No comments were included in the submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal and radiology.

Areas for improvement

Review and update the policies and procedures in respect of safeguarding adults and children to fully reflect the regional policies and guidance documents.

Buccolam should be provided as recommended by the HSCB.

The IPS audit tool should be undertaken on a six monthly basis and any deficits identified should be addressed.

Declutter the identified store room adjacent to the ground floor surgery to ensure effective cleaning can take place.

	Regulations	Standards
Total number of areas for improvement	0	4

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 Turk 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. A range of oral health products was available for purchase and samples of oral health products are freely distributed to patients. Information provided by the British Dental Foundation and a variety of resources are used when promoting oral health. Mr Turk 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
- health and safety
- oral health advice
- clinical records
- review of complaints/accidents/incidents

As discussed the practice should audit compliance with HTM 01-05 using the IPS audit tool on a six monthly basis and any deficits identified should be addressed. .

Communication

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

Staff meetings are held on a three 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.

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. Nine patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Comments provided included the following:

- "Yes, been using this practice for many years."

- "Yes, everything explained."

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. Eight staff indicated that they were very satisfied with this aspect of care and one indicated that they were very unsatisfied however; this member of staff also felt that the care was effective and no comment was provided. No comments were included in the submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

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 demonstrated how they 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. Eight were very satisfied with this aspect of care and one indicated they were satisfied. Comments provided included the following:

- "Staff are always nice and very helpful."
- "First class service."
- "Yes, all treatment is always explained prior."
- "Good service provided."

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. Eight staff indicated that were very satisfied with this aspect of care and one indicated that they were very unsatisfied however; this member of staff also felt that the care was compassionate and no comment was provided. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of 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 Turk is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in 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 Turk 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. Mr Turk has agreed to ensure that the IPS audit is completed on a six monthly basis.

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

Mr Turk 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 led. Nine patients indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. Comments provided included the following:

- "I have no complaints and I find Mr Turk and his staff a pleasure to interact with."
- "Yes, staff very nice and helpful especially xxx and xxx."

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. Seven staff indicated they were very satisfied with this aspect of the service one indicated that they were satisfied. One staff indicated that they were very unsatisfied however; this member of staff also felt that the care was safe and no comment was provided. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

The registered provider/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 provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Independent.Healthcare@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 15.3 **Stated:** First time **To be completed by:** 6 September 2017	The registered person shall review and update the policies and procedures for safeguarding adults and children to fully reflect the regional policies and guidance documents. Ref:6.4 **Response by registered person detailing the actions taken:** Policies and procedures will be updated as requested in time frame
Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 6 August 2017	The registered person shall ensure that Buccolam is provided as recommended by the HSCB. Ref:6.4 **Response by registered person detailing the actions taken:** Already Actioned
Area for improvement 3 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 6 September 2017	The registered person shall ensure that the IPS audit tool is undertaken every six months and any deficits identified should be addressed. Ref:6.4 **Response by registered person detailing the actions taken:** Latest version of audit downloaded and will be completed in time frame
Area for improvement 4 **Ref**: Standard 13.1 **Stated:** First time **To be completed by:** 13 July 2017	The registered person shall declutter the identified store room adjacent to the ground floor surgery to ensure effective cleaning can take place. Ref: 6.4 **Response by registered person detailing the actions taken:** Already Actioned

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

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