

# Announced Care Inspection Report 17 May 2016



## {my}dentist, The Collon

**Service Type: Dental Service**

**Address: 1 St Patrick's Terrace, Pennyburn, Londonderry, BT48 7QR**

**Tel No: 028 7126 0612**

**Inspector: Emily Campbell**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of {my}dentist, The Collon took place on 17 May 2016 from 14:20 to 17:00. Formerly known as Collon Dental Care, this practice was bought over by IDH Acquisitions Limited and was registered under this entity with the Regulation and Quality Improvement Authority (RQIA) on 11 December 2015. At this time, the registration of Mr Stephen Williams as the registered person was approved. Ms Erin McCafferty remained as the registered manager of the practice.

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 Ms McCafferty 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. Two requirements were made in relation to radiology and fire safety and two recommendations were made in relation to refurbishment of the decontamination room, the staff/office area and the staff toilet facility.

### **Is care effective?**

Observations made, review of documentation and discussion with Ms McCafferty and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Ms McCafferty and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

### **Is the service well led?**

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. An issue identified in the 'Is care safe?' domain highlighted that the {my}dentist group need to ensure that any recommendations made as a result of risk assessments are implemented in a timely manner. No requirements or recommendations have been made within this domain.

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
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

Details of the QIP within this report were discussed with Ms Erin McCafferty, registered manager, 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

<b>Registered organisation/registered person:</b> IDH Acquisitions Limited Mr Stephen Williams	<b>Registered manager:</b> Ms Erin McCafferty
<b>Person in charge of the service at the time of inspection:</b> Ms Erin McCafferty	<b>Date manager registered:</b> 17 May 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

### 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 Ms McCafferty, registered manager, two associate dentists, three dental nurses and a receptionist/trainee 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 inspections dated 12 August 2015

The most recent inspections of the establishment were announced pre-registration care and estates inspections which were both undertaken on 12 August 2015. The completed QIPs were returned and approved by the care and estates inspectors. Following this, on receipt of outstanding information required in relation to estates issues, registration was approved on the 11 December 2015.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 12 August 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 1  <b>Stated:</b> First time	It is recommended that the statement of purpose is further developed to include the relevant qualifications and experience of the registered persons, updated staff information and clarification of the practice's organisational structure in keeping with regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the statement of purpose confirmed that it had been updated and was in line with legislation.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the following policies should be prioritised for review and to ensure they reflect local and Northern Ireland arrangements as outlined in the body of the report:</p> <ul style="list-style-type: none"> <li>• safeguarding children and vulnerable adults;</li> <li>• complaints; and</li> <li>• infection prevention and control and decontamination.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b>                  Review of the policy file evidenced that this recommendation has been addressed. Ms McCafferty confirmed that the {my}dentist group are continuing to progress policy development at a corporate level in respect of the Northern Ireland practices they operate.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>• all staff performing decontamination duties should be made aware of and undertake and record the daily automatic control test (ACT) for the steriliser with immediate effect;</li> <li>• sharps boxes must not be stored on the floor of the decontamination room with immediate effect;</li> <li>• sharps boxes should be signed and dated on assembly with immediate effect;</li> <li>• the stainless steel general waste bin in surgery one should be replaced; and</li> <li>• tears on dental chairs should be addressed.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b>                  Observations made, review of documentation and discussion with Ms McCafferty confirmed that this recommendation has been addressed.</p>	<p><b>Met</b></p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>on completion of the changeover to the new radiation protection advisor (RPA) the radiation protection file is reviewed and updated; and</li> <li>all relevant staff working in the practice are entitled/authorised by the radiation protection supervisor (RPS).</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Ms McCafferty advised that the new RPA had just completed a quality assurance check of the x-ray equipment on 13 May 2016 and the RPA report had not yet been provided. The radiation protection file was disorganised and there was no evidence to indicate that it had been fully reviewed.</p> <p>Records reviewed evidenced that not all relevant staff working in the practice had been entitled/authorised by the radiation protection supervisor (RPS).</p> <p>A requirement was made during this inspection that a complete review of the radiation protection file should be undertaken. This recommendation is subsumed in the requirement made. Further details can be seen in section 4.3 of the report.</p>	<p style="text-align: center;"><b>Not Met</b></p>
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**4.3 Is care safe?**

**Staffing**

Four dental surgeries are in operation in this practice. Discussion with Ms McCafferty and 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.

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. A review of a sample of two evidenced that appraisals had been completed on a six monthly basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. The {my}dentist group have a training academy based in Manchester and they also provide training to staff through an online training portal. The training portal includes all mandatory training which staff must complete within specified timeframes. A robust procedure is in place to identify when staff have not completed mandatory training within the specified timeframes. Staff spoke positively about the quality of training available on the training portal.

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 Ms McCafferty confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for one staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

The {my}dentist group have an information management system called 'cascade'. Cascade has a recruitment section which includes all policies/procedures and model templates to be used during the recruitment process as well as a Human Resources section to store recruitment documentation.

### **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. Safeguarding refresher training is a {my}dentist mandatory training course and staff complete this through the online training portal.

A copy of the new regional adult safeguarding guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available and has been shared 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was observed that the format of buccal Midazolam retained was not in keeping with the Health and Social care Board (HSCB) guidance. Ms McCafferty was aware that when the buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance. 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.

## **Infection prevention control and decontamination procedures**

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. In general, fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. However, in the decontamination room, the vinyl flooring was torn, a kicker board was broken and there were holes in the plaster of walls. A recommendation was made in this regard. 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. 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 disinfectant and a steam steriliser, 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 evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

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 November 2015 and is due to be repeated again this month.



## **Radiography**

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

A dedicated radiation protection file was available. Since the previous inspection a new radiation protection advisor (RPA) has been appointed and a critical examination of x-ray arrangements was carried out on 13 May 2016. Ms McCafferty advised that the RPA report has not been received yet.

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 staff spoken with demonstrated sound knowledge of the local rules and associated practice.

On review, the radiation protection file was observed to be disorganised and there was a combination of the previous organisation's documents and new {my}dentist documents. As all associate dentists in the practice have been identified as radiation protection supervisors (RPS) there is no specific individual responsible for ensuring that all of the required information is contained or retained in the file. Not all relevant staff have been entitled/authorised by the RPS and there was no evidence of employer's procedures.

A requirement was made that on receipt of the RPA report, a complete review of the radiation protection file must be undertaken. The radiation protection file should contain information as required under the Ionising Radiations Regulations (IRR) (Northern Ireland) 2000 and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) (Northern Ireland) 2000 to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

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

## **Environment**

The clinical and patient areas of the environment were maintained to a high standard of maintenance and décor. However, it was identified in the staff/office area and the staff toilet that some plaster had fallen off the walls, previous drill holes had not been filled and made good and the flooring and walls were grubby. A recommendation was made that consideration should be given to the refurbishment of these areas.

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

The {my}dentist group have a facilities management department to support practices. The facilities management department are responsible for ensuring that the fire detection system and firefighting equipment are serviced annually and that relevant risk assessments, including the legionella and fire risk assessments are updated in keeping with best practice guidance.

A fire and security inspection was undertaken on 12 December 2015. Review of the report and discussion with Ms McCafferty confirmed that not all recommendations made in the report have been addressed. Issues not addressed included replacement of a smoke detector in surgery four, installing a heat detector in the boiler room and securing cables in the roof space. A requirement was made that any recommendations made in the fire and security report should be addressed. Staff confirmed fire training and fire drills had been completed and demonstrated that they were aware of the action to take in the event of a fire.

A legionella risk assessment has been undertaken and control measures have been implemented. Fixed electrical wiring testing, portable appliance testing, boiler servicing, air condition servicing and pressure vessels inspection have been carried out within the appropriate timeframes.

### **Patient and staff views**

Thirteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- “The staff are all very helpful and professional.”
- “Staff are very friendly.”
- “I always get a print out of what my charges are.”
- “Very friendly and informative staff. Lovely clean and fresh environment.”
- “Very happy with all aspects. No problems at all with cleanliness. Very clean.”
- “Staff are all confident and well informed.”
- “Surgery and reception area appear very clean and welcoming. Staff have always been meticulous with hygiene in surgery – gloves and protective glasses etc.”

Eighteen staff submitted questionnaire responses. All indicated that they feel that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

### **Areas for improvement**

The torn flooring, broken kicker board and holes in walls in the decontamination room should be made good.

A complete review of the radiation protection file must be undertaken on receipt of the RPA report.

Consideration should be given to the refurbishment of the staff/office area and the staff toilet facility.

Recommendations made in the fire and security inspection report should be addressed.

<b>Number of requirements:</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>2</b>
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## 4.4 Is care effective?

### Clinical records

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

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options and written treatment plans are provided to each patient in this regard.

Electronic records are maintained and staff have different levels of access afforded to them 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).

### Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There were information leaflets and posters available in regards to oral health and hygiene in the waiting areas of the practice. The waiting area also accommodated a TV which plays slideshows with information in regards to the practice, treatments available and oral health and hygiene. The {my}dentist group have a marketing department which distributes new poster displays every three months. Staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

### Audits

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

- IPS HTM 01-05 audit
- clinical waste management audit
- x-ray audit
- quarterly Health & Safety audit
- prescription pad audit
- patient satisfaction audit
- review of complaints/accidents/incidents
- surgery and decontamination room checklist
- area manager audit every six weeks
- audit of clinical records every six months by the clinical director

**Communication**

Associate dentists spoken with 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 one to one meetings are held with the registered manager. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions. A clinical newsletter is issued every quarter from the {my}dentist group providing clinical updates in various areas.

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

**Patient and staff views**

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- “I was happy with the care that I received.”
- “Dentist explains all aspects of care.”
- “I always be given different options and explained the differences.”
- “Dentist informs you of exactly what needs to be done and answers any queries.”
- “The dentist discusses the treatment with me first and if I have any questions.”
- “Staff try hard to find appointments to suit and answer any questions I have.”
- “I always feel that my dentist will be there for me at my time of need.”
- “Dentist provided me with a very detailed dental care plan, including cost and time frame. I was very impressed.”

All submitted staff questionnaire responses indicated that they feel 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.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is care compassionate?**

**Dignity, respect and involvement in decision making**

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

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

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

Patients with a physical disability or who require wheelchair access are accommodated in the ground floor surgery, and the toilet facility is suitable for disabled access. An interpreter service is available for patients who require this assistance.

The practice undertakes patient satisfaction surveys on a six monthly 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.

### **Patient and staff views**

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- “I have great respect for my dentist who shows great care.”
- “I am very happy, always greeted with a smile, staff very polite.”
- “They always take time to explain if I am unsure.”
- “Very helpful and considerate staff, supportive and understanding.”
- “Very content with this aspect. Every visit is a pleasure as staff are so pleasant.”
- “Always a very happy atmosphere in the surgery. Each visit I am advised of the services available.”
- “We have needed support and understanding and find it easy to ask for advice.”
- “I am always accorded respect and compassion.”
- “..., both dentist and dental nurse listened to my concerns and I was offered an alternative treatment if I so wished.”

All submitted staff questionnaire responses indicated that they feel 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.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.6 Is the service well led?

### Management and governance arrangements

Mrs McCafferty is the nominated individual with overall responsibility for the day to day management of the practice. Mrs McCafferty is supported by senior staff and her peer group within the {my}dentist group. Staff spoken with advised that whilst there were a lot of changes initially when the {my}dentist group took over, things have settled now and in general feel the change has been a positive experience.

The area development manager visits, at least every six weeks to undertake an audit. A report and action plan is generated following these visits. A clinical director of the {my}dentist group also visits each practice every quarter. Again a report and action plan is generated following these visits.

Policies and procedures were available for staff reference. In addition to hard copies being available electronic copies of policies and procedures are available on the cascade information management system. The {my}dentist group have a Head of Compliance and Registration who is responsible for ensuring that policies and procedures are reviewed on a three yearly basis. Mrs McCafferty confirmed that the {my}dentist group continues to review current policies to ensure they are reflective of Northern Ireland legislation. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments. However, as indicated previously, the {my}dentist group need to ensure that any recommendations made as a result of risk assessments are implemented in a timely manner.

A copy of the complaints procedure was displayed in the practice; this is currently under review. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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

Mrs McCafferty 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. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mrs McCafferty demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. However, there was a long delay with the {my}dentist group addressing the requirements and recommendations made by the estates inspector during the pre-registration inspection on 12 August 2015, before registration of the practice could be approved on 11 December 2015. The {my}dentist group should be mindful of the need to action any requirements or recommendations made by RQIA within the specified timescales.

The Statement of Purpose and Patient’s Guide are kept under review, revised and updated when necessary and available on request.

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

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

### **Patient and staff views**

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

- “I feel I get good care at all times.”
- “I have no problems, I am happy with my dentist. They are so good.”
- “Can only say that I have no problems getting appointments.”
- “All the staff are very helpful and keep us informed of any changes to staff etc.”
- “Staff are well mannered, efficient and non-judgemental. I have only had good experiences within this practice.”
- “Never a problem – especially in an emergency.”
- “All of the staff that I have encountered in the practice are polite, courteous and professional.”

All submitted staff questionnaire responses indicated that they feel that the service is well led. Staff spoken with during the inspection concurred with this.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### **5.0 Quality improvement plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Erin McCafferty, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager 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 persons 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 persons 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](mailto: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	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (1) (b), (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 July 2016</p>	<p>The registered person must ensure that on receipt of the radiation protection advisor (RPA) report, a complete review of the radiation protection file is undertaken. The radiation protection file should contain information as required under the Ionising Radiations Regulations (IRR) (Northern Ireland) 2000 and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) (Northern Ireland) 2000 to ensure that all matters relating to x-rays reflect legislative and best practice guidance.</p> <p><b>Response by registered person detailing the actions taken:</b> Being developed further by My dentists head office compliance Kathy mcMahon and penri cunnah will be completed by this date .</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 25 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 June 2016</p>	<p>The registered person must ensure that recommendations made in the report of the fire and security inspection undertaken on 12 December 2015 are addressed.</p> <p><b>Response by registered person detailing the actions taken:</b> works raised and completed by totalis</p>
Recommendations	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 July 2016</p>	<p>The registered person should ensure that the torn flooring, broken kicker board and holes in walls in the decontamination room are made good.</p> <p><b>Response by registered person detailing the actions taken:</b> works raised at head office to be completed by this date .</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 14.2</p> <p><b>Stated:</b> First</p> <p><b>To be completed by:</b> 17 August 2016</p>	<p>The registered person should consider refurbishing the staff/office area and the staff toilet facility.</p> <p><b>Response by registered person detailing the actions taken:</b> Request submitted by ADM to consider investment in refurbishment of the area. Appropriate personnel will visit and compile a report on the findings and decision.</p>



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