

# Announced Care Inspection Report 10 May 2017



## {my}dentist, The Collon

Type of service: Independent Hospital (IH) – Dental Treatment  
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 10 May 2017 from 9:35 to 13:20.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

Observations made, review of documentation and discussion with Ms Erin McCafferty, registered manager, and staff demonstrated that systems and processes were in place to ensure that care to patients was 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. A recommendation was made for the second time in relation to refurbishment of 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 provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (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 QIP there were no further actions required to be taken following the most recent inspection on 17 May 2016.

### 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 practice 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, an associate dentist, two dental nurses and a receptionist/dental nurse. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

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

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 17 May 2016**

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

**4.2 Review of requirements and recommendations from the last care inspection dated 17 May 2016**

<b>Last care inspection statutory requirements</b>		<b>Validation of compliance</b>
<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>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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the radiation protection file confirmed that this requirement had been addressed, with the exception of evidence that dental nursing staff had been entitled and authorised by a radiation protection supervisor (RPS) to perform the duties of their role. Ms McCafferty confirmed by email on 12 May 2017 that all dental nursing staff had been authorised for their duties by an RPS.</p>	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 25 (4)</p> <p><b>Stated:</b> First time</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>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Ms McCafferty confirmed that all recommendations as identified in the fire and security inspection report had been addressed. Documentation was retained which evidenced this.</p>		
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</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>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations made evidenced that this recommendation had been addressed.</p>		
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 14.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person should consider refurbishing the staff/office area and the staff toilet facility.</p>	<p><b>Not Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This recommendation has not been addressed and was stated for the second time. Ms McCafferty advised that Head Office has given her approval to repaint the staff/office area and a three month timescale for completion was agreed.</p>		

### 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 one staff member has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 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.

Ms McCafferty confirmed that a staff register is retained and kept up to date.

There was a recruitment policy and procedure available. The policy and procedure was not reviewed during this inspection.

### **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.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

### **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. 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.

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

A tour of the premises was undertaken which included two of the four surgeries. 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. 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, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. The decontamination equipment is due to have their annual validation checks undertaken and this has been scheduled for 12 May 2017. A review of equipment logbooks, in general, evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. However, review of the new pre-printed steriliser logbook identified that it only facilitated the entry of the automated control test (ACT) as a pass or fail. Ms McCafferty and staff were informed that the specific details of the ACT should be entered. Ms McCafferty confirmed by email on 12 May 2016 that a new logbook had been established which facilitates entry of the ACT and the details of the ACT were recorded on a daily basis.

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 May 2017.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control. These were not reviewed during the inspection.

## **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. As discussed previously, evidence that dental nursing staff had been entitled and authorised by an RPS to perform the duties of their role was not available. Ms McCafferty confirmed by email on 12 May 2017 that this matter had been addressed. Staff training records were retained. 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 clinical and patient areas of the environment were maintained to a high standard of maintenance and décor. However, it was identified during the previous inspection 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 in the staff/office area and the staff toilet. Observations made during this inspection confirmed that these areas had not been refurbished as recommended. Ms McCafferty confirmed that Head Office has agreed for the refurbishment to be carried out and a timescale for achievement of three months was agreed during the inspection with Ms McCafferty. A recommendation was made for the second time in this regard.

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

Arrangements are in place for maintaining the environment. The {my}dentist group have a facilities management department to support practices. This 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.

Water temperature is monitored and recorded on a monthly basis in keeping with the legionella risk assessment.



A fire and security inspection was undertaken on 12 December 2015. As discussed previously, it was confirmed that the recommendations made as a result of this assessment have been 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.

Pressure vessels have been inspected in keeping with the written scheme of examination of pressure vessels.

Ms McCafferty 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**

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

- “Brilliant facility with extremely helpful and professional staff.”
- “I feel very safe with my dentist and her assistant.”
- “As I am very nervous about attending the dentist I find my dentist and staff put me at ease.”
- “Staff are always very helpful.”
- “Very hygienic and high standard of care at all times.”
- “Very professional courteous and caring staff.”
- “Always.”
- “Girls are really lovely and I always get an estimate.”

Nineteen staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Eighteen staff indicated they were very satisfied with this aspect of care; one did not respond. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “Patient safety is paramount.”

### **Areas for improvement**

The staff/office area and the staff toilet facility should be refurbished.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## **4.4 Is care effective?**

### **Clinical records**

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

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

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.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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 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. Models are available for demonstration purposes and written advice sheets can be provided as appropriate.

### **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
- clinical records
- prescription pads
- health and safety
- autoclaves
- patient satisfaction
- review of complaints/accidents/incidents

### **Communication**

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

- “Always looked after well.”
- “I am an extremely nervous patient and have needed some emergency appointments which were provided promptly. The dentist has always explained what is to happen and ensured I was happy with it.”
- “I never have any problems getting appointments. I had a broken tooth last week, seen on day and back for the next one.”
- “All staff have been most helpful and given quality advice when requested.”
- “Able to get timely appointments and treatment plans discussed in advance.”
- “Always.”
- “Treated very promptly for swelling.”
- “I am always given a few choices by dentist and then I pick what I want done.”

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. All staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “Regular audits.”
- “I am confident that patients get the right care with the best outcome for them. We are committed to making a difference to our patients.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

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

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

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

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

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. Staff discussed how arrangements are put in place to meet the individual needs of patients with specific needs.

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. Ms McCafferty was advised to include the number of respondents on the summary report. In addition the {my}dentist group carry out monthly surveys of a random number of patients; a high level of patient satisfaction has been evidenced in relation to {my}dentist, The Collon.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

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

- "I have always received excellent care and staff are always attentive and informative."
- "They are very nice and patient because I am a nervous patient."
- "Very much so."
- "Comment box is in a prominent position, all staff very respectful at all times and I feel valued as a patient in this practice. Very professional and confidential service."
- "I am always treated with respect."
- "Always – staff really caring."
- "Dentist and all the girls are lovely and really listen to my needs."
- "Lovely staff."

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. All staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- "Patients are treated with dignity and respect. Confidentiality is essential. We take feedback very seriously and respond well."
- "Very much so."

## Areas for improvement

No areas for improvement were identified during the inspection.

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

#### Management and governance arrangements

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

There was a nominated individual with overall responsibility for the day to day management of the practice. The registered provider monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits were available for inspection.

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.

Ms 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.

Ms McCafferty demonstrated a clear understanding of her 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 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 felt that the service is well managed. Seventeen patients indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. Comments provided included the following:

- “Staff are friendly and very helpful.”
- “This is an excellent facility with excellent customer service and service and support availability.”
- “I like the way they ring to remind me of my appointments as I would forget at times.”
- “Staff are very up to date with current good practice in dentistry – I am always impressed with the excellent service that I receive. A forward thinking surgery, promoting customer care at all times. Well done and thank you.”
- “Staff are very well trained and practice is well run/managed.”
- “I can’t fault the staff at all. So so good.”

All submitted staff questionnaire responses indicated that they felt that the service is well led and they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “We work together as a great team. Everyone has their roles and we fully support one another at all times.”
- “Very informed.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

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

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 14.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 10 August 2017</p>	<p>The registered person should consider refurbishing the staff/office area and the staff toilet facility.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> THIS IS BOOKED BY HEAD OFFICE TO BE COMPLETED BY JULY 30TH</p>
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*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**





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