Announced Care Inspection Report
14 July 2016

{my}dentist, Antrim Road

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: 277 Antrim Road, Belfast, BT15 2GZ
Tel No: 028 9074 3709
Inspector: Emily Campbell

1.0 Summary

An announced inspection of {my}dentist, Antrim Road took place on 14 July 2016 from 10:00 to 14:20. Formerly known as Dental Excellence, Belfast, this practice was bought over by IDH Acquisitions Limited and was registered under this entity with the Regulation and Quality Improvement Authority (RQIA) on 29 June 2016. At this time, the registration of Mr Stephen Williams as the registered person and Ms Jacqueline McClelland as the registered manager, was approved.

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 McClelland, registered manager, {my}dentist representatives 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. One requirement has been made in relation to radiology and radiation protection. Seven recommendations have been made in relation to professional indemnity monitoring, infection prevention and control, the revalidation and periodic testing of decontamination equipment and radiology and radiation protection.

Is care effective?

Observations made, review of documentation and discussion with Ms McClelland, {my}dentist representatives 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 McClelland and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. Information leaflets for patients relating to treatment and care are available in a variety of languages and in large print and an interpreter service is available. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection identified that further development is needed to ensure that effective leadership and governance arrangements are in place and create 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 persons' understanding of their role and responsibility in accordance with legislation.

A recommendation was made in relation to the investigation of incidents. A number of quality assurance processes were in place. However, a number of issues were identified which could affect the delivery of safe and effective care, all of which have an impact on quality assurance and good governance. One requirement and eight recommendations have been made in order to progress improvement in identified areas.

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	8

Details of the Quality Improvement Plan (QIP) within were discussed with Ms Jacqueline McClelland, registered manager, Mrs Anne Crawley, {my}dentist area development manager, and Ms Kathy McMahon, {my}dentist regulatory officer, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: IDH Acquisitions Limited Mr Stephen Williams	**Registered manager:** Ms Jacqueline McClelland
Person in charge of the service at the time of inspection: Ms Jacqueline McClelland	**Date manager registered:** 29 June 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 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 Jacqueline McClelland, registered manager, Mrs Anne Crawley, {my}dentist area development manager, Ms Kathy McMahon, {my}dentist regulatory officer, an associate dentist, a dental nurse and a receptionist. 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 28 September 2015

The most recent inspections of the establishment were announced pre-registration care and estates inspections which were both undertaken on 28 September 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 29 June 2016.

4.2 Review of requirements and recommendations from the last care inspection dated 28 September 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 15 (3) **Stated:** First time	Ensure that the decontamination room is dedicated to the decontamination of reusable instruments. The practice of storing and working on moulds in the decontamination room should cease with immediate effect. Staff must be made aware of and adhere to this. The door of the decontamination room should be closed whilst decontamination is in progress.	**Partially Met**
	Action taken as confirmed during the inspection: Ms McClelland and the dental nurse confirmed that the decontamination room was dedicated to the decontamination of dental instruments and observations made evidenced that equipment in the room was associated with the decontamination process. The door to the decontamination room was observed to be open on one occasion during the inspection whilst decontamination was in progress. This was discussed with Ms McClelland, Mrs Crawley and Ms McMahon. Ms McMahon advised she would consider the installation of a door closure device to address this issue. This requirement has been partially addressed and a recommendation was made in relation to the unaddressed aspect.	

Requirement 2 **Ref**: Regulation 15 (3) **Stated:** First time	Ensure that periodic tests in respect of each piece of decontamination equipment are undertaken and recorded as outlined in HTM 01-05 with immediate effect.	**Partially Met**
	Action taken as confirmed during the inspection: Review of the decontamination equipment logbooks in general confirmed that periodic testing had been consistently undertaken and recorded. However, the detail of the information recorded in respect of the automatic control tests (ACTs) for the sterilisers did not contain the correct sterilisation hold times. This is a training issue. A recommendation was made that staff involved in the decontamination process should be provided with training to undertake ACTs and measures implemented to monitor the periodic test recording.	
Requirement 3 **Ref**: Regulation 15 (3) **Stated:** First time	Ensure that dental handpieces compatible with a washer disinfector are decontaminated using this process.	**Met**
	Action taken as confirmed during the inspection: Ms McClelland and the dental nurse confirmed that dental handpieces compatible with a washer disinfector were decontaminated using this process.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 8 **Stated:** First time	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: • Safeguarding children and vulnerable adults; • Complaints; and • Infection prevention and control and decontamination.	**Met**
	Action taken as confirmed during the inspection: Review of documentation evidenced that the safeguarding and complaints policies had been reviewed. Ms McMahon advised that a corporate review of the infection prevention and control and decontamination policy was currently under review and demonstrated sound awareness of the Northern Ireland arrangements to be included.	

Recommendation 2 **Ref**: Standard 13 **Stated:** First time	It is recommended that: • make-up air should be provided in the decontamination room in keeping with HTM 01-05; • staff are informed and ensure that instruments must be inspected following disinfection and prior to sterilisation with immediate effect; • equipment faults should be recorded in the associated logbook with immediate effect; • faulty equipment should be clearly signed to ensure staff do not use it with immediate effect; and • the faulty non-vacuum steriliser should be reskinned if it is being repaired as opposed to being replaced.	**Met**
	Action taken as confirmed during the inspection: Discussion with the dental nurse, review of logbooks and observations made confirmed that this recommendation has been addressed.	
Recommendation 3 **Ref**: Standard 13 **Stated:** First time	It is recommended that clinical waste bins are not over filled and waste bins are maintained clean.	**Met**
	Action taken as confirmed during the inspection: Observations made confirmed that this recommendation has been addressed.	
Recommendation 4 **Ref**: Standard 13 **Stated:** First time	It is recommended that self-contained water bottles for use with dental unit waterlines (DUWLs) should be maintained clean. Bottles with built up dirt should be replaced.	**Met**
	Action taken as confirmed during the inspection: Ms McClelland confirmed that the water bottles had been cleaned and arrangements established to monitor this. Observation of two empty water bottles, not in use on the day of inspection, evidenced they were clean.	

Recommendation 5 **Ref**: Standard 12.4 **Stated:** First time	It is recommended that: • a revised expiry date of 18 months from receipt of the Glucagon medication is recorded on the medication and check list; and • scissors and a razor blade should be provided for use with the automated external defibrillator (AED).	**Met**
	Action taken as confirmed during the inspection: Review of the emergency medications and equipment confirmed that this recommendation has been addressed.	
Recommendation 6 **Ref**: Standard 8.3 **Stated:** First time	It is recommended that the radiation protection file is reviewed and the matters identified in section 7.9 of the report addressed.	**Partially Met**
	Action taken as confirmed during the inspection: Review of the radiation protection file evidenced that the following issues identified during the previous inspection had not been addressed: • reference to the relevant legislation is not the Northern Ireland legislation • the legal person is noted as 'IDH Group'; this must be an identified individual This recommendation has been partially addressed and the outstanding issues have been stated for the second time. Other issues pertaining to radiography and radiation safety were identified during the inspection and are discussed in section 4.3 of the report. Ms McMahon advised that the {my}dentist group are currently carrying out a complete revision of the radiology policy and it is anticipated that matters identified during this inspection will be addressed within this review.	

4.3 Is care safe?

Staffing

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

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 on an annual basis with a six month review. 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. Measures have been implemented by the {my}dentist group for reminders to be issued to the practice when appraisals and appraisal reviews are due.

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 of all clinical staff. The corporate certificate of professional indemnity was in place and records were retained of the professional indemnity of clinical staff who required individual professional indemnity. However, random review of these identified that the professional indemnity in relation to one staff member was not up to date. This was subsequently emailed to RQIA on 22 July 2016. A recommendation was made to establish a system to ensure that the professional indemnity of any staff who require individual indemnity is reviewed when renewal is due. A new on-line corporate compliance tool which has been recently introduced should highlight when professional indemnity is due for renewal.

A staff register was in place and was observed to be up to date.

Recruitment and selection

A review of the submitted staffing information and discussion with Ms McClelland confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for one of these staff 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.

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 to be completed annually 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. Ms McClelland confirmed this would be discussed with staff at the next staff meeting.

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. The format of buccal Midazolam retained was not in keeping with the Health and Social care Board (HSCB) guidance. Ms McClelland confirmed that when the buccal Midazolam expires it will 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. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Clinical waste and general waste bins were available in each surgery; however, the general waste bins were not pedal or sensor operated. The stainless steel waste bin in the patient toilet facility was observed to be pitted and rusted. A recommendation was made to address these matters. Staff were observed to be adhering to best practice in terms of uniform policy and hand hygiene.

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 , one vacuum steriliser and two non-vacuum sterilisers have been provided to meet the practice requirements.

Ms McClelland advised that all equipment used in the decontamination process had been validated on 29 June 2016. However, whilst service engineer reports were available in respect of some equipment, these did not specify they had been validated in accordance with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. Confirmation of validation was received by RQIA on 22 July 2016 in respect of the non-vacuum sterilisers and on 5 August 2016 in respect of the washer disinfector and vacuum steriliser. The vacuum steriliser was validated on 1 August 2016 which was after the date of the inspection. A recommendation was made to ensure that all decontamination equipment is revalidated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. Records of validation certificates should be retained and be available for inspection.

A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. However, as discussed previously, the detail of the information recorded in respect of the automatic control tests (ACTs) for the sterilisers did not contain the correct sterilisation hold times. This is a training issue. A recommendation has been made that staff involved in the decontamination process should be provided with training to undertake ACTs and measures implemented to monitor the periodic test recording.

The door to the decontamination room was observed to be open on one occasion during the inspection whilst decontamination was in progress. This issue was included in a requirement made during the previous inspection. As the door was observed to be closed on other occasions during the inspection, a recommendation was made in this regard. Ms McMahon advised she would consider the installation of a door closure device to address this issue.

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 on 26 June 2016.

As discussed previously, Ms McMahon advised that a corporate review of the infection prevention and control and decontamination policy was currently under review and demonstrated sound awareness of the Northern Ireland arrangements to be included.

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, review of the radiation protection file identified that issues regarding the identification of the Northern Ireland legislation and a named individual as the legal person had not been addressed in a previously stated recommendation and were stated for the second time during this inspection.

It was also identified that dental nursing staff have not been authorised by the radiation protection supervisor (RPS) for their relevant duties and x-ray audits have not been completed in respect of all dentists. The clinical director had completed a clinical record audit which included justification and clinical evaluation recording as part of the {my}dentist group governance arrangements.

A recommendation was made that:

- dental nursing staff should be authorised by the radiation protection supervisor (RPS) for their relevant duties
- x-ray quality grading audits should be undertaken every six months in respect of all dentists
- x-ray justification and clinical evaluation recording audits should be undertaken on an annual basis in respect of all dentists

Staff training records were retained and rectangular collimation was in use. Digital x-ray processing is in place.

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.

Since the previous inspection, an engineer completed a report on each x-ray unit as part of the three yearly critical examination. However, there was no report by the radiation protection advisor (RPA) regarding compliance with the Ionising Radiations Regulations (Northern Ireland) 2000. A requirement was made in this regard. Any recommendations made by the RPA should be actioned and a record retained confirming this.

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

Ms McMahon advised that the {my}dentist group are currently carrying out a complete revision of the radiology policy and it is anticipated that matters identified during this inspection will be addressed within this review.

Environment

The environment was maintained to a good standard of maintenance and décor. It was noted that surgeries and the reception/waiting area had been redecorated since the previous inspection and new flooring had been laid in three surgeries. As discussed previously, the waste bin in the patient's toilet facility needs replaced.

Cleaning schedules and a colour coded cleaning system were in place.

Arrangements are in place for maintaining the environment. This included the electrical installation report, asbestos survey, portable appliance testing, fire safety equipment and emergency lighting servicing.

A legionella risk assessment was undertaken by an external contractor since the practice came under new ownership and water temperature is monitored and recorded as recommended. A fire risk assessment had also been undertaken.

A written scheme of examination of pressure vessels was in place and pressure vessels had been inspected in line with the written scheme.

Patient and staff views

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

- "Very happy with my safety."

Six 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.

Areas for improvement

Establish a system to ensure that the professional indemnity of any staff who require individual indemnity is reviewed when renewal is due.

General waste bins in surgeries should be pedal or sensor operated and the waste bin in the patient toilet facility should be replaced.

Ensure that all decontamination equipment is revalidated in keeping with HTM 01-05 on an annual basis. Records of validation certificates should be retained and be available for inspection.

Staff involved in the decontamination process should be provided with training to correctly undertake ACTs on sterilisers and measures should be implemented to monitor the periodic test recording.

The door of the decontamination room should be closed whilst decontamination is in progress.

The radiation protection file should be reviewed to ensure reference to the Northern Ireland legislation and an individual is identified as the legal person.

In relation to radiography and radiation safety, dental nursing staff should be authorised by the RPS and x-ray quality grading and justification and clinical evaluation audits should be undertaken on a six monthly and annual basis respectively in respect of all dentists.

A radiation protection advisor (RPA) report should be obtained. Any recommendations made by the RPA should be actioned and a record retained confirming this.

Number of requirements	**1**	**Number of recommendations**:	**7**

4.4 Is care effective?

Clinical records

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

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. Written treatment plans are provided to patients, including estimated costs as appropriate.

Electronic records are retained 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

There were information leaflets and posters available in regards to oral health and hygiene in the waiting area of the practice. 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 and a hygienist service is provided.

Ms McClelland advised that health promotion days are held at specific times of the year, for example, Halloween and the practice plans to attend local schools to promote good oral hygiene.

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
- health and safety risk assessment and audit
- patient satisfaction surveys
- sharps risk assessment
- area manager audit every six weeks
- audit of clinical records every six months by the clinical director

As discussed previously, a recommendation was made that x-ray quality grading and justification and clinical evaluation audits should be undertaken in respect of all dentists. Ms McClelland confirmed that review of incident/accidents/complaints would be undertaken to identify any trends and develop an action plan to progress improvement as required. There was a lack of evidence regarding incident investigation; this matter is discussed further in section 4.6.

Communication

Staff confirmed that arrangements are in place for onward referral in respect of specialist treatments. A range of template referral letters has been established.

Staff meetings are held on a monthly to six weekly basis to discuss clinical and practice management issues and Ms McClelland confirmed minutes of meetings are retained. In addition one to one meetings are held with the registered manager. Staff spoken with confirmed that meetings also facilitated informal and formal 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. The following comment was provided:

- "Very impressed with my care."

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.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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 where appropriate. Staff demonstrated how consent would be obtained.

Information leaflets for patients relating to treatment and care are available in a variety of languages and in large print on the {my}dentist portal. Interpreter services are available and have been used as required if a patient does not speak English.

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. The most recent patient satisfaction survey report was on display in the waiting area.

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.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

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

4.6 Is the service well led?

Management and governance arrangements

Ms McClelland is the nominated individual with overall responsibility for the day to day management of the practice. Ms McClelland is supported by senior staff and her peer group within the {my}dentist group. 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.

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 six months. Again a report and action plan is generated following these visits.

Mrs Crawley confirmed that Mr Williams, registered person, plans to undertake unannounced visits to the practice at least every six months in accordance with legislation to monitor the quality of services provided. A number of quality assurance systems have been implemented by the {my}dentist group which will assist in his assessment. It was confirmed that reports of the unannounced monitoring visits will be available for inspection.

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. Ms McMahon 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.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire and review of complaints investigation records indicated that complaints have been managed in accordance with best practice.

A system was in place that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. However, review of the incident recording book identified that two incidents had been recorded since the previous inspection and whilst these incidents did not require to be reported to RQIA, there was no record of the actions taken with regard to an investigation or outcome of the investigation. Ms McClelland advised that she had investigated the first incident and no further action was required, however, she had only recently become aware of the second incident which occurred in October 2015. A recommendation was made that systems are put in place to ensure incidents are verbally reported to management in a timely manner and all incidents are investigated and an action plan implemented, if appropriate, to reduce/prevent a recurrence. Details of the investigation and outcome should be recorded.

A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

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

Ms McClelland demonstrated a clear understanding of her role and responsibility in accordance with legislation. 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 28 September 2015, before registration of the practice could be approved on 29 June 2016. 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 was observed to be up to date, however, the title of the practice was still recorded as Dental Excellence, Belfast. Ms McClelland readily agreed to address this. Ms McClelland confirmed that the patient guide is 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.

Ms McClelland confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. However, as discussed previously a number of issues which could affect the delivery of safe and effective care, all of which have an impact on quality assurance and good governance. One requirement and eight recommendations have been made in order to progress improvement in identified areas. It is important these are kept under review to ensure improvements are sustained.

Patient and staff views

All patients who submitted questionnaire responses indicated that they felt that the service is well managed.

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

Areas for improvement

Systems should be put in place to ensure that incidents are verbally reported to management in a timely manner and all incidents are investigated and an action plan implemented, if appropriate, to reduce/prevent a recurrence. Details of the investigation and outcome should be recorded.

Number of requirements	**0**	**Number of recommendations**:	**1**

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Jacqueline McClelland, registered manager, Mrs Anne Crawley, {my}dentist area development manager, and Ms Kathy McMahon, {my}dentist regulatory officer, 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 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 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to 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

Statutory requirements	
Requirement 1 **Ref**: Regulation 15 (1) **Stated:** First time **To be completed by:** 15 October 2016	A radiation protection advisor (RPA) report should be obtained. Any recommendations made by the RPA should be actioned and a record retained confirming this. **Response by registered provider detailing the actions taken:** The practice manager will submit a copy of the RPF to the RPA for review and a report will be provided
Recommendations	
Recommendation 1 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 14 September 2016	Establish a system to ensure that the professional indemnity of any staff who require individual indemnity cover is reviewed when renewal is due. **Response by registered provider detailing the actions taken:** A policy and system is in place, an email reminder is sent before indemnity or GDC expires. There is also an internal task management tool that will prompt the manager to review this. The Dentist is notified to present a copy of renewed certificate. All certificates now up to date.
Recommendation 2 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 14 August 2016	General waste bins in surgeries should be pedal or sensor operated. The waste bin in the patient toilet facility should be replaced. **Response by registered provider detailing the actions taken:** Foot pedal bins are now in use in the surgeries. Bathroom bin has also been replaced.
Recommendation 3 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 14 October 2016	Ensure that all decontamination equipment is revalidated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. Records of validation certificates should be retained and be available for inspection. **Response by registered provider detailing the actions taken:** All validation and servicing has been carried out and certification present.

Recommendation 4 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 14 August 2016	Staff involved in the decontamination process should be provided with training to correctly undertake automatic control tests (ACTs) on sterilisers. Measures should be implemented to monitor the periodic test recording.
	Response by registered provider detailing the actions taken: All Decontamination staff have been trained and made aware of the correct procedures to process ACTs.
Recommendation 5 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 14 July 2016	The door of the decontamination room should be closed whilst decontamination is in progress.
	Response by registered provider detailing the actions taken: All decon staff fully aware that the door should remain closed at all times .Practice Manager to log with Facilities to have a closure mechanism put onto this decontamination room door
Recommendation 6 **Ref**: Standard 8.3 **Stated:** Second time **To be completed by:** 14 October 2016	The radiation protection file should be reviewed and the following matters identified in section 7.9 of the previous report addressed: • reference to the relevant legislation should be the Northern Ireland legislation • the legal person is noted as 'IDH Group'; this must be an identified individual
	Response by registered provider detailing the actions taken: An Internal review of this policy is underway with the compliance and Health and Safety team and will be completed by the deadline
Recommendation 7 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 14 September 2016	In relation to radiography and radiation safety: • dental nursing staff should be authorised by the radiation protection supervisor (RPS) for their relevant duties • x-ray quality grading audits should be undertaken every six months in respect of all dentists • x-ray justification and clinical evaluation recording audits should be undertaken on an annual basis in respect of all dentists
	Response by registered provider detailing the actions taken: Practice Manager will ensure that the section 5.8 of the existing file will have be completed to identify individual roles and duties (page 58 and 59 of Evidence section) Practice manager will conduct a full grading audit for all dentists and follow with a justification and evaluation audit (Page 53 , Pages 61,62 and 63 of evidence section)

Recommendation 8 **Ref**: Standard 8 **Stated:** First time	Systems should be put in place to ensure that incidents are verbally reported to management in a timely manner and all incidents are investigated and an action plan implemented, if appropriate, to reduce/prevent a recurrence. Details of the investigation and outcome should be recorded.
To be completed by: 14 July 2016	**Response by registered provider detailing the actions taken:** All staff have been advised to inform the Practice manager once an incident has occurred so it can be investigated and recorded.

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

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