

Announced Care Inspection Report 7 September 2017



{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: Norma Munn

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with four registered places.

3.0 Service details

Organisation/Registered Provider: IDH Acquisitions Limited Responsible Individual(s): Mr Stephen Williams	Registered Manager: Ms Jacqueline McClelland
Person in charge 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

4.0 Inspection summary

An announced inspection took place on 7 September 2017 from 13.50 to 17.50.

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

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

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of infection prevention and control, radiology and the environment. Other examples included health promotion and engagement to enhance the patients' experience.

Two areas of improvement under the regulations have been identified. These relate to ensuring that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained and all decontamination equipment is validated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

Four areas of improvement under the standards have been identified. These relate to undertaking safeguarding training for all staff, the further development of the safeguarding policies, the provision of Buccolam medication and the storage of emergency medications.

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

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Ms Jacqueline McClelland, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 14 July 2016

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

5.0 How we inspect

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

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

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

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

During the inspection the inspector met with Mr William Vance, area development manager, Ms Jacqueline McClelland, registered manager, one associate dentist, two dental nurses and briefly with one receptionist. A tour of some areas of the premises was also undertaken.

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

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination
- radiography

- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 July 2016

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

6.2 Review of areas for improvement from the last care inspection dated 14 July 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (1) Stated: First time	A radiation protection advisor (RPA) report should be obtained. Any recommendations made by the RPA should be actioned and a record retained confirming this.	Met
	Action taken as confirmed during the inspection: Ms McClelland confirmed that the radiation protection advisor (RPA) completes a quality assurance check every three years. However, the report of the most recent visit carried out during June 2016 was not available to review. Following the inspection the RPA report dated 27 June 2016 was submitted to RQIA and Ms McClelland confirmed that the only recommendation made had been addressed.	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: First time	Establish a system to ensure that the professional indemnity of any staff who require individual indemnity cover is reviewed when renewal is due.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that the professional indemnity of all staff who require individual indemnity cover had been monitored, renewed and a record maintained.	
Area for improvement 2 Ref: Standard 13 Stated: First time	General waste bins in surgeries should be pedal or sensor operated. The waste bin in the patient toilet facility should be replaced.	Met
	Action taken as confirmed during the inspection: The waste bins in the surgeries and toilet facility had been replaced with foot operated pedal bins. However the general waste bin in the decontamination room was not foot or sensor operated in keeping with best practice. Ms McClelland agreed to remove this waste bin on the day of the inspection.	

<p>Area for improvement 3</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p>	<p>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.</p> <p>Records of validation certificates should be retained and be available for inspection.</p> <p>Action taken as confirmed during the inspection: A review of documentation evidenced that not all equipment used in the decontamination process has been appropriately validated. The washer disinfectant had been validated during January 2017 and the vacuum steam steriliser had been validated during May 2017. However, the two non-vacuum steam sterilisers had not been validated since June 2016. Ms McClelland was advised that all decontamination equipment should be validated on an annual basis in keeping with HTM 01-05.</p> <p>This area of improvement under the standards has not been fully addressed therefore an area of improvement under the regulations has been made in this regard.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p>	<p>Staff involved in the decontamination process should be provided with training to correctly undertake automatic control tests (ACTs) on sterilisers.</p> <p>Measures should be implemented to monitor the periodic test recording.</p> <p>Action taken as confirmed during the inspection: A review of equipment logbooks evidenced that periodic tests have been undertaken and recorded in keeping with HTM 01-05.</p> <p>Ms McClelland confirmed that training had been provided following the previous inspection that included the recording of periodic tests.</p>	<p>Met</p>

<p>Area for improvement 5</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p>	<p>The door of the decontamination room should be closed whilst decontamination is in progress.</p> <hr/> <p>Action taken as confirmed during the inspection: During the inspection the door of the decontamination room was closed whilst decontamination was in progress.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 8.3</p> <p>Stated: Second time</p>	<p>The radiation protection file should be reviewed and the following matters identified in section 7.9 of the previous report addressed:</p> <ul style="list-style-type: none"> • 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 <hr/> <p>Action taken as confirmed during the inspection: The radiation protection file had been reviewed and contained reference to Northern Ireland legislation and the legal persons were recorded as the three dentists who worked in the practice.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>In relation to radiography and radiation safety:</p> <ul style="list-style-type: none"> • 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 <hr/> <p>Action taken as confirmed during the inspection: Ms McClelland confirmed that dental nursing staff had been authorised by the RPS for their relevant duties if required. X-ray quality grading audits are undertaken every six months and x-ray justification and clinical evaluation recording audits are undertaken on an annual basis in respect of all dentists. The radiation protection file had been reviewed and contained copies of the audits undertaken.</p>	<p>Met</p>

Area for improvement 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.	Met
	Action taken as confirmed during the inspection: Ms McClelland confirmed that systems have been 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. Ms McClelland is aware that details of the investigation and outcome should be recorded.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

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

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. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Ms McClelland confirmed that two staff had been recruited since the previous inspection. A review of the personnel files

for these staff demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

Written references, a criminal conviction declaration, a full employment history and confirmation that the person was physically and mentally fit to fulfil their duties had not been sought and retained in one of the files reviewed. Ms McClelland was advised that in respect of staff recruited in the future all records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained. An area for improvement under the regulations has been made in this regard.

There was a recruitment policy and procedure in place that was comprehensive and reflected best practice guidance.

Safeguarding

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

Review of records demonstrated that not all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. An area for improvement under the standards has been made in this regard. Following the inspection RQIA received evidence that the safeguarding lead had completed training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of children and adults at risk of harm. However, the policies did not fully reflect the regional policies and best practice guidance. The policies should include the types and indicators of abuse, the distinct referral pathways in the event of a safeguarding issue arising and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. The name of the safeguarding lead should also be included and the updated policies should be shared with staff. An area for improvement under the standards has been made in this regard.

Copies of the regional policy 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016), the regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and the 'Adult Safeguarding Operational Procedures' (September 2016) were emailed to the practice following the inspection. Ms McClelland has agreed to ensure that these documents will be made available for staff reference.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF) with the exception of the provision of Buccolam in a dosage suitable for a child under one year old. An area for improvement under the standards has been made in this regard.

Several emergency medicines were stored out of their original packaging; subsequently pertinent information in relation to the medications including the patient information leaflets was not available. An area for improvement under the standards has been made in this regard.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of paediatric pads suitable for use with the automated external defibrillator (AED). This was discussed with Ms McClelland and she has agreed to provide paediatric pads. 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 was in place. Ms McClelland was advised to add a list of the medical emergencies equipment and medication to the policy.

The only protocol observed for staff reference outlining the local procedure for dealing with the various medical emergencies was dated 2009. RQIA received confirmation that the protocols for dealing with the various medical emergencies had been updated. Ms McClelland gave assurances that the staff in the practice would be made aware of the up to date protocols in keeping with best practice.

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. Ms McClelland was advised to ensure that all disposable hand towels are wall mounted in keeping with best practice. Staff were aware of best practice in terms of the uniform and hand hygiene policies.

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and three steam sterilisers have been provided to meet the practice requirements. As discussed, a review of documentation evidenced that not all equipment used in the decontamination process has been appropriately validated. The washer disinfectant had been validated during January 2017 and the vacuum steam steriliser had been validated during May 2017. However, the two non-vacuum steam sterilisers had not been validated since June 2016. As discussed, an area for improvement under the standards had been made previously in relation to the validation of decontamination equipment. Ms McClelland was advised that all decontamination equipment should be validated on an annual basis in keeping with HTM 01-05. An area for improvement under the regulations has been made in this regard.

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

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 September 2017.

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

Radiography

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

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

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

The radiation protection advisor (RPA) completes a quality assurance check every three years. As discussed, the report of the most recent visit by the RPA dated 27 June 2016 was submitted to RQIA following the inspection. Ms McClelland confirmed that the recommendation made has been addressed.

Ms McClelland confirmed that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions. The service certificates were not reviewed.

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

Environment

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

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 their practices. They are responsible for ensuring that the fire detection system and firefighting equipment are serviced annually and that relevant risk assessments including the legionella risk assessment and fire risk assessment are updated in keeping with best practice guidance.

Staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

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

Patient and staff views

Fourteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Nine patients indicated that they were very satisfied with this aspect of care and five indicated that they were satisfied. No comments were included in submitted questionnaire responses.

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Three staff indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to induction, training, appraisal, infection prevention control, radiology and the environment.

Areas for improvement

All information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, should be sought and retained for all staff including self-employed staff, who commence work in the future.

All staff should attend training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

The safeguarding policies should be further developed to ensure they fully reflect regional and best practice guidance. The updated policies should be shared with staff.

Buccolam pre-filled syringes should be provided in sufficient quantity and dosage in keeping with the British National Formulary (BNF) and as recommended by the Health and Social Care Board (HSCB).

All medications should be kept in the original packaging. Patient information leaflets should be made available for staff reference.

All decontamination equipment should be validated on an annual basis in keeping with HTM 01-05. Records of validation certificates should be retained and be available for inspection.

	Regulations	Standards
Total number of areas for improvement	2	4

6.5 Is care effective?

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

Clinical records

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

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

Electronic records are maintained and have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent.

Ms McClelland confirmed that 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. It was confirmed that the {my}dentist group have a marketing department that distributes information and posters on a regular basis. Oral health is actively promoted on an individual level with patients during their consultations with the dentists and dental hygienist.

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
- review of complaints/accidents/incidents

Communication

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

Staff meetings are held on a regular 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.

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

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Ten patients indicated that they were very satisfied with this aspect of care and four indicated that they were satisfied. No comments were included in submitted questionnaire responses.

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. Three staff indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity, respect and involvement in decision making

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

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

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

The practice undertakes patient satisfaction surveys on 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.

A policy and procedure was in place in relation to confidentiality.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Ten patients indicated that they were very satisfied with this aspect of care and four indicated that they were satisfied. No comments were included in submitted questionnaire responses.

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. Three staff indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance arrangements

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

Ms McClelland is the registered manager and the nominated individual with overall responsibility for the day to day management of the practice. Ms McClelland confirmed that a monitoring visit in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005 had taken place during February 2017. The report of the monitoring visit was 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 also have a department who is responsible for ensuring that policies and procedures are reviewed on at least a three yearly basis. Staff spoken with, were aware of the policies and how to access them.

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

As discussed 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 McClelland 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 McClelland demonstrated a clear understanding of her role and responsibility in accordance with legislation. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they felt that the service is well led. Ten patients indicated that they were very satisfied with this aspect of the service and four indicated that they were satisfied. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that the service is well led. Three staff indicated that they were very satisfied with this aspect of the service and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal.

If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 2, as amended</p> <p>Stated: First time</p> <p>To be completed by: 08 September 2017</p>	<p>The registered person shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff including self-employed staff who commence work in the future.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: I requested all documentation for the staff member discussed on the day from Head Office. Going forward I will retain all staff personal on site. An annual staff file audit will be conducted to ensure all documentation is in place This has been recorded as a significant event</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p> <p>To be completed by: 08 October 2017</p>	<p>The registered person shall ensure that all decontamination equipment is validated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.</p> <p>Records of validation certificates should be retained and be available for inspection.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Validation Appointments have been made. I will forward on copies of the certificates onced received. Our new electronic compliance system mycomply will prompt reminders in future for upcoming validation dates to avoid these being missed. This has been recorded as a significant event.</p>
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 08 November 2017</p>	<p>The registered person shall ensure that all staff receive safeguarding adults and children training as outlined in the Minimum Standards for Dental Care and Treatment (2011).</p> <p>The new regional policy and guidance should be included in the training provided.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All Staff completed their safeguarding training and I have evidence</p>

	of the training held on file on site. The annual staff file audit will ensure I have up to date documentation of training.
Area for improvement 2 Ref: Standard 15.3 Stated: First time To be completed by: 08 November 2017	<p>The registered person shall ensure that the safeguarding policies for adults and children are reviewed and further developed to fully reflect the regional policies and best practice guidance.</p> <p>The policies should include the types and indicators of abuse, the distinct referral pathways in the event of a safeguarding issue arising and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. The name of the safeguarding lead should be included and the updated policies should be shared with staff.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: policy has been drafted and awaiting clinical sign off, once completed will forward on a copy for approval.</p>
Area for improvement 3 Ref: Standard 12.4 Stated: First time To be completed by: 08 October 2017	<p>The registered person shall ensure that Buccolam pre-filled syringes are provided in sufficient quantity and dosage in keeping with the BNF and as recommended by the Health and Social Care Board (HSCB).</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: request sent to the practice head office to get approval for more syringes Order being processed.</p>
Area for improvement 4 Ref: Standard 12.4 Stated: First time To be completed by: 08 October 2017	<p>The registered person shall ensure that all medications are kept in their original packaging.</p> <p>Patient information leaflets should made available for staff reference.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: going forward all newly received medication will be kept in their original packaging. I will obtain copies of all medicines paperwork and enclose within the bag with the drugs</p>



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