

Announced Care Inspection Report 24 March 2017



Crescent Dental Health

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 10 Lower Crescent, Belfast, BT7 1NR
Tel no: 028 9024 6311
Inspector: Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Crescent Dental Health took place on 24 March 2017 from 10.15 to 12.45

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 Mr James Hurson, registered person and staff demonstrated that, in the main, 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. One recommendation was made that a copy of the most recent validation certificates for the equipment used in the decontamination process should be submitted to RQIA with the returned (Quality Improvement Plan) QIP.

Is care effective?

Observations made, review of documentation and discussion with Mr Hurson 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 Mr Hurson 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
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr James Hurson, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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 care inspection on 30 June 2016.

2.0 Service details

Registered organisation/registered person: Mr James Hurson	Registered manager: Mr James Hurson
Person in charge of the practice at the time of inspection: Mr James Hurson	Date manager registered: 3 December 2012
Categories of care: Independent Hospital (IH) – Dental Treatment PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	Number of registered places: 2

Lasers

Manufacturer: Biolase
 Model: Epic 10 Diode Laser
 Serial Number: 81503143
 Laser Class: 4
 Output Wavelength: 940nm (invisible infra-red)

Manufacturer: Biolase
 Model: Waterlase iplus
 Serial Number: 72150224
 Laser Class: 4
 Output Wavelength: 2780nm (invisible infra-red)

Laser Protection Advisor (LPA) - Simon Wharmby (Lasersafe)

Medical Support Services - Not applicable

Laser Protection Supervisor (LPS) - Mr James Hurson

Authorised Operators - Mr James Hurson

Type of Treatments Provided

The Waterlase iplus is an all tissue laser that can be used on hard and soft tissue effectively to aid in a wide range of treatments from treatment of gum disease to root filling, restorations and minor surgery.

The Biolase epic10 is a soft tissue laser and will be used for Low Level Laser Therapy (LLLT) as an adjunct to treatment to improve healing and provide pain relief.

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 Mr Hurson, registered person and two dental nurses. 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 30 June 2016

The most recent inspection of the establishment was an announced variation to registration inspection. This inspection was undertaken by a care inspector and an estates inspector. The completed QIP for the care inspection was returned and approved by the care inspector. The QIP for the premises inspection will be validated by the estates inspector at their next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 30 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 18 (2) (a) Stated: First time	Laser safety awareness training must be provided for all staff not directly involved in the use of the laser.	Met
	Action taken as confirmed during the inspection: Discussion with staff not directly involved in the use of the laser confirmed they had received laser safety training.	
Requirement 2 Ref: Regulation 25 (4) Stated: First time	A CO2 extinguisher suitable for electrical fires should be provided for the controlled area.	Met
	Action taken as confirmed during the inspection: A CO2 extinguisher suitable for electrical fires was provided for the controlled area.	
Requirement 3 Ref: Regulation 39 Stated: First time	Laser treatment protocols should be further developed to reflect the treatments to be undertaken to include; <ul style="list-style-type: none"> • contraindications • technique • pre-treatment tests • pre-treatment care • post-treatment care • recognition of treatment-related problems • procedure if anything goes wrong with treatment • permitted variation on machine variables • procedure in the event of equipment failure 	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that laser treatment protocols have been developed to reflect the treatments provided. Mr Hurson confirmed the treatment protocols are kept under review.	

<p>Requirement 4</p> <p>Ref: Regulation 21 (3) Schedule 3 Part II (3)</p> <p>Stated: First time</p>	<p>A laser register for each laser machine should be established in line with the legislation to include:</p> <ul style="list-style-type: none"> • The name of the person treated • The date • The operator • The treatment given • The precise exposure • Any accident or adverse incidents <p>Action taken as confirmed during the inspection: Review of documentation confirmed that a laser register is provided for each laser machine.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 7</p> <p>Stated: First time</p>	<p>The complaints policy and procedure should be further developed to include the referral details of other agencies that may be utilised within the complaints investigation process.</p> <p>Action taken as confirmed during the inspection: The complaints policy and procedure had been further developed as recommended.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 48</p> <p>Stated: First time</p>	<p>A policy for the arrangements for the prevention of unauthorised use of either laser should be developed and shared with staff.</p> <p>Action taken as confirmed during the inspection: Discussion with Mr Hurson and staff confirmed the arrangements are in place to prevent unauthorised use of either laser machine, staff were fully aware of these arrangements.</p>	Met

4.3 Is care safe?

Staffing

Two 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.

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

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

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

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Hurson confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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

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 which had been updated to reflect the most recent regional adult and children safeguarding guidance. Policies 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.

It was confirmed that copies of the most recent regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 and the 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 were both 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was observed that the format of buccal Midazolam retained was not in keeping with guidance issued by the Health and Social Care Board (HSCB) during May 2013. On 21 April 2017, Mr Hurson confirmed by telephone, that Buccolam prefilled syringes, as recommended by HSCB, has been ordered for the practice.

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

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.

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. Since the previous inspection this room has been completely refitted, and was considered to be compliant with HTM 01-05.

Appropriate equipment, including a washer disinfectant, a DAC Universal and a steam steriliser have been provided to meet the practice requirements. 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. Documentation evidenced that equipment used in the decontamination process had been serviced in November 2016 however records did not show that the equipment had been validated within the previous 12 months. On 21 April 2017, Mr Hurson confirmed that the equipment had since been validated, a recommendation has been made that a copy of the most recent validation certificates are submitted to RQIA with the returned (Quality Improvement Plan) QIP.

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 October 2016.

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

Radiography

The practice has two surgeries, one of which has an intra-oral x-ray machine and an orthopan tomogram machine (OPG).

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

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

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

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

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

Procedures for the use of lasers

Laser procedures will be carried out by Mr Hurson who has extensive knowledge in the use of the dental laser systems. Laser treatment protocols have been developed by Mr Hurson to reflect the treatments undertaken and include:

- contraindications
- technique
- pre-treatment tests
- pre-treatment care
- post-treatment care
- recognition of treatment-related problems
- procedure if anything goes wrong with treatment
- permitted variation on machine variables
- procedure in the event of equipment failure

There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis.

The establishment has local rules in place which have been developed by their LPA on 10 June 2016.

Systems are in place to review the local rules every three years.

The local rules cover:

- the potential hazards associated with lasers and intense light sources
- controlled and safe access
- authorised operators' responsibilities
- methods of safe working
- safety Checks
- personal protective equipment
- prevention of use by unauthorised persons
- adverse incident procedures

The name of the person who has overall on-site responsibility for safety during laser treatments is recorded within the local rules.

Laser operators are authorised to use the equipment and a register of authorised operators is maintained.

Mr Hurson is the only authorised operator and he has signed to state that he has read and understood the local rules.

The establishment has a laser register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

Mr Hurson and staff confirmed a health questionnaire and consent form is completed with all patients and retained within their individual care records.

Safe operation of lasers

Both lasers are located in surgery one, which was found to be controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

A laser safety warning sign was provided on the door of surgery one, to be displayed when the laser is in use and removed when not in use as described within the local rules.

When the equipment is in use, the safety of all persons in the controlled area is the responsibility of Mr Hurson, LPS.

Protective eyewear was available for the patient, operator and dental nurse as outlined in the local rules.

The entrance door to surgery one has a suitable lock in place which allows the room to be accessed in the event of an emergency.

Arrangements are in place for the safe custody of the laser key for the Waterlase iplus, the laser key was observed to be stored safely and securely during the inspection. The Biolase epic10 is keypad operated with password protection.

There is a laser safety file in place.

Equipment is serviced and maintained in line with the manufacturers' 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 and these were reviewed in depth by the premises inspector at the previous announced variation to registration inspection on 30 June 2016.

Patient and staff views

Fifteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

Comments provided included the following:

- 'Approachable, friendly, informing, very professional in approach.'
- 'At all times.'
- 'Superb care.'
- 'The environment is always clean and well maintained. Mr Hurson always consults and advises on the treatment and reason. There is the latest equipment purchased that also reassures me of my safe treatment.'
- 'Excellent service for sure.'
- 'All the staff are very professional and very caring.'
- 'Environment and staff clean and all procedures explained. Comfort is always considered.'

Two 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. No comments were included in submitted questionnaire responses.

Areas for improvement

A copy of the most recent validation certificates should be submitted to RQIA with the returned (Quality Improvement Plan) QIP.

Number of requirements	0	Number of recommendations	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.

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

Policies were available in relation to records management, data protection and confidentiality and consent. The 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. A dental hygienist also works in the practice and Mr Hurson confirmed that oral health is actively promoted on an individual level with patients during their consultations and that samples of toothpaste and mouth wash are given to patients.

A range of oral health promotion leaflets were available at reception and the patients' waiting area. A range of oral healthcare products were also available to purchase.

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
- patient satisfaction survey

Communication

The practice operates a referral service which includes patients' medical histories. Information in regards to medical histories is reviewed and patient appointments are triaged to take account of this information. Arrangements are in place for onward referral in respect of specialist treatments as required. A policy and procedure and template referral letters have been established.

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 15 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

Comments provided included the following:

- 'Yes, excellent information throughout.'
- 'First treatment is not finished, but so far all is good.'
- 'At all times.'
- 'Information is always provided and also aspects of research regarding dental treatment. I feel Mr Hurson also listens to my concerns or taken it seriously.'
- 'Prompt and on time always.'
- 'I always feel I'm getting a very high standard of care.'
- 'Have had excellent care and consideration for nearly 20 years.'

Both 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. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	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.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

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

Patient and staff views

All of the 15 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

Comments provided included the following:

- 'Yes, the staff and dentist are very clear about my care and well-being.'
- 'At all times.'
- 'I have been with this dentist for about 20 years and have always been treated with respect.'
- 'Always the best option, several teeth saved rather than pulled out.'
- 'Very professional service.'
- 'Everyone in the practice is compassionate and on occasion re-schedule diaries so that I could go on holiday with a smile.'
- 'Absolutely, from day one. When I arrived with broken front tooth and during maternity and afterwards when teeth saved.'

Both 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. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	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.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly 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 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 returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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

Mr Hurson 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.

Mr Hurson demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

All of the 15 patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

- 'Excellent care in all respects.'
- 'At all times.'
- 'The service appears to be well led with customer/patient led service.'
- 'Excellent, very efficient, smooth running.'
- 'Well run and excellent at it does.'
- 'I always feel I'm receiving treatment from a team that work well together.'
- 'Yes and always informed of changes in advance.'

Both submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	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 Mr James Hurson, registered person, 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 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>Recommendation 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 19 May 2017</p>	<p>A copy of the most recent validation certificates for the equipment used in the decontamination process should be submitted to RQIA with the returned (Quality Improvement Plan) QIP.</p> <hr/> <p>Response by registered provider detailing the actions taken: Certificate attached.</p>
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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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