

Announced Care Inspection Report 25 September 2017



D I Crutchley Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 1st Floor, 116 Upper Lisburn Road, Belfast BT10 0BD
Tel No: 028 9060 3440
Inspector: Norma Munn

www.rqia.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 one registered place.

3.0 Service details

Organisation/Registered Provider: Mr Ian Crutchley	Registered Manager: Mr Ian Crutchley
Person in charge at the time of inspection: Mr Ian Crutchley	Date manager registered: 03 January 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 1

4.0 Inspection summary

An announced inspection took place on 25 September 2017 from 09.55 to 12.20.

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 recruitment and selection of staff, safeguarding, the management of medical emergencies and the environment.

Three areas of improvement under the regulations have been identified. Two of these relate to the decontamination of dental instruments and the validation of the decontamination equipment and one relates to the servicing of the intra-oral x-ray machine.

Four areas of improvement under the standards have been identified. These relate to staff appraisals, a review of the fire risk assessment, generating a patient satisfaction report and updating the statement of purpose and patient guide.

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

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	3	4

Details of the Quality Improvement Plan (QIP) were discussed with the lead dental nurse 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 26 August 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 August 2016.

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 Crutchley, registered person, the practice manager and the lead dental nurse. 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 lead dental nurse at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 August 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 26 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 14.4 Stated: First time	X-ray equipment should be serviced and maintained in keeping with the manufacturer’s instructions.	Not met
	Action taken as confirmed during the inspection: The lead dental nurse confirmed that the intra- oral x-ray machine had not been serviced and maintained in keeping with the manufacturer’s instructions. It was confirmed that a date has been arranged for the servicing to take place following the inspection. This area for improvement has not been addressed and an area for improvement under the regulations has now been made.	

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

One dental surgery is 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 it was confirmed that induction programme templates were in place relevant to specific roles within the practice.

Staff confirmed that they felt supported and involved in discussions about their personal development. However, the lead dental nurse confirmed that procedures had not yet been put in place for appraising staff performance. An area for improvement under the standards has been made in this regard.

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 the lead dental nurse confirmed that no new staff had 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 is sought and retained for inspection.

There was a recruitment policy and procedure available. The policy 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 all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that the safeguarding lead has 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 adults and children at risk of harm. The 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 regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Management of medical emergencies

Since the registration of the practice arrangements have been in place that emergency medicines and equipment for D I Crutchley Dental Practice are shared with Loughridge Dental Care which is located on the ground floor of the building.

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). However, the Glucagon medication was observed to be stored in the fridge and the fridge temperatures had not been recorded since 31 August 2017. This is not keeping with the manufacturer's guidance. It was advised that if Glucagon medication is stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained. The lead dental nurse advised that this issue would be discussed with Mr Crutchley and the staff in Loughridge Dental Care. On the day of the inspection the lead dental nurse confirmed that the Glucagon medication would be kept out of the fridge and stored at room temperature. She was advised to ensure that a revised expiry date of 18 months from the date of receipt is recorded on the medication packaging and the expiry date checklist to show that the cold chain has been broken.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. All emergency medicines and equipment checks are carried out by identified staff members in both D I Crutchley Dental Practice and Loughridge Dental Care.

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. It was advised to include in the policy the new doses of Buccolam pre filled syringes provided.

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. The lead dental nurse was 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 the transportation of dental instruments.

D I Crutchley Dental Practice does not have a decontamination room. The decontamination of dental instruments used in D I Crutchley Dental Practice currently takes place in Fifteen Dental in Downpatrick, Mr Crutchley's other dental practice.

During recent care inspections of Fifteen Dental in Downpatrick it was identified that not all of the decontamination equipment had been appropriately validated. As the instruments used in D I Crutchley are decontaminated in Fifteen Dental in Downpatrick assurances were sought that this issue had been addressed. The validation certificates for the washer disinfectant and one of the sterilisers had been forwarded to RQIA. However, the validation certificate for second steriliser had not been forwarded to RQIA and was not available for inspection. RQIA has requested confirmation of the action Mr Crutchley has taken to address this issue as a matter of urgency. An area for improvement under the regulations has been made to ensure the all equipment used in the decontamination process is validated annually and a copy of the validation certificate for the identified steriliser should be submitted to RQIA.

The lead dental nurse confirmed that the washer disinfectant located in Fifteen Dental in Downpatrick which is used to clean the dental instruments for D I Crutchley Dental Practice has been out of operation since 08 August 2017. The lead dental nurse confirmed that since the 08 August 2017 all reusable dental instruments were being manually cleaned prior to sterilisation. Best practice outlines that all reusable dental instruments should be cleaned and sterilised using an automated process. As the reusable dental instruments used by D I Crutchley Dental Practice have not been processed using a washer disinfectant for a period of almost seven weeks, RQIA have requested confirmation of the action Mr Crutchley has taken to address this issue as a matter of urgency. An area for improvement under the regulations has been made to ensure that all reusable dental instruments are cleaned and sterilised using an automated process.

The lead dental nurse confirmed that equipment logbooks had been completed to evidence that periodic tests have been undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. The equipment logbooks are located in Fifteen Dental in Downpatrick and were not reviewed during this inspection.

Discussion with Mr Crutchley and the lead dental nurse demonstrated that appropriate arrangements were in place for the safe transportation of reusable dental instruments between the two practices in keeping with HTM 01-05, the Carriage of Dangerous Goods and

Transportable Pressure Equipment Regulations 2007 and the Health and Safety at Work Act 1974. The policy outlining this procedure was not available to review on the day of the inspection; however, following the inspection RQIA received a copy of the policy and procedure in relation to the transportation of reusable dental instruments to and from the practice.

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 June 2017.

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

Radiography

The practice has one surgery which has an intra-oral x-ray machine. In addition Mr Crutchley uses an orthopan tomogram machine (OPG), which is located in Loughridge Dental Care on the ground floor of the building.

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 includes x-ray audits and digital x-ray processing.

A copy of the local rules was on display near the intra oral 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 during August 2016 demonstrated that the recommendations made have been addressed.

As discussed the lead dental nurse confirmed that the intra-oral x-ray machine had not been serviced and maintained in keeping with the manufacturer's instructions. It was confirmed that a date had been arranged for the servicing to take place. As discussed in section 6.2 an area for improvement under the regulations has been made.

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 good standard of maintenance and décor.

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

Arrangements are in place for maintaining the environment. This included the servicing of the firefighting safety equipment and fire safety testing. Portable appliance testing of electrical equipment (PAT) had been undertaken during August 2017.

A legionella risk assessment was last undertaken during March 2017 and any recommendations had been signed off as actioned.

There was no evidence to demonstrate that the fire risk assessment had been reviewed on an annual basis. This was discussed with the lead dental nurse and an area for improvement under the standards has been made in this regard.

Staff confirmed fire drills had been completed and 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

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

One member of staff submitted a questionnaire response to RQIA. The staff member indicated that they felt that patients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in the submitted questionnaire response.

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, safeguarding, management of medical emergencies and the environment.

Areas for improvement

All staff should have an annual appraisal. Records of appraisal should be retained for inspection.

All reusable dental instruments should be cleaned and sterilised using an automated process.

All decontamination equipment used should be validated on an annual basis in keeping with HTM 01-05.

The intra-oral x-ray machine should be serviced and maintained in keeping with manufacturer's instructions.

A review of the fire risk assessment should be undertaken annually.

	Regulations	Standards
Total number of areas for improvement	3	2

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.

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 lead dental nurse 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 was information available in regards oral health. Staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- display screen equipment
- clinical record
- access

Communication

Mr Crutchley and the lead dental nurse 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. Nineteen patients indicated they were very satisfied with this aspect of care and one indicated that they were satisfied. No comments were included in submitted questionnaire responses.

The submitted staff questionnaire response indicated that they felt that patients get the right care, at the right time and with the best outcome for them. They indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in the submitted questionnaire response.

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 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 lead dental nurse confirmed that the practice have undertaken patient satisfaction surveys in the past. However a patient satisfaction report had not been compiled for some time to demonstrate that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. It was advised that an anonymised report detailing the main findings of all means by which patients provide feedback in regards to the quality of care and treatment should be generated at least on an annual basis. The report should be made available to patients and other interested parties. An area for improvement under the standards has been made in this regard.

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

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. Nineteen patients indicated they were very satisfied with this aspect of care and one indicated that they were satisfied. No comments were included in submitted questionnaire responses.

The submitted staff questionnaire response indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. They indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted the questionnaire response.

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

A patient satisfaction report should be generated on at least an annual basis.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Mr Crutchley is the nominated individual with overall responsibility for the day to day management of the practice.

The practice was registered with RQIA as D I Crutchley Dental Practice on 03 January 2012. On the day of the inspection a discussion took place in relation to the branding of the practice. The signage at the entrance of the practice read Fifteen Dental and the heading on the policies and procedures reviewed stated Fifteen Dental. Mr Crutchley informed RQIA that the entity operating the practice has changed to become a limited company. Mr Crutchley has agreed to complete an application to register the practice under the new entity. Following the inspection an application for registration was emailed to the practice for completion.

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.

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 returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

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.

The lead dental nurse 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 raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Crutchley demonstrated a clear understanding of his role and responsibility in accordance with legislation. The statement of purpose and patient's guide displayed had not been updated for some time and contained inaccurate information. An area of improvement under the standards has been made in this regard.

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. Nineteen patients indicated they were very satisfied with this aspect of the service and one indicated that they were satisfied. No comments were included in submitted questionnaire responses.

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

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

The statement of purpose and patient guide should be updated.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the lead dental nurse 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 Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15(2) (b) Stated: First time To be completed by: 8 November 2017	<p>The registered person shall ensure that all decontamination equipment used by the practice is validated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.</p> <p>A copy of the validation certificate for the identified steriliser should be submitted to RQIA.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The steriliser has now been validated by Henry Schein on Thursday 19/10/2017 and passed awaiting documents from Schein the engineer said should have all paperwork by Friday 27/10/2017</p>
Area for improvement 2 Ref: Regulation 15 (3) Stated: First time To be completed by: 08 November 2017	<p>The registered person shall ensure that the washer disinfecter used by the practice is repaired or replaced.</p> <p>All reusable dental instruments are to be cleaned and sterilised using a validated process in keeping with HTM 01-05.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The washer has had engineer visit Thursday 19/10/2017 and required a pressure switch which was ordered on the same day for fit hopefully by Friday 27/10/2017</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 08 November 2017</p>	<p>The registered person shall ensure that the intra-oral x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.</p> <p>On completion a copy of the service certificate should be forwarded to RQIA.</p> <p>Ref: 6.2 and 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: A copy of the functional test is enclosed</p>
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 11.8</p> <p>Stated: First time</p> <p>To be completed by: 25 November 2017</p>	<p>The registered person shall ensure that all staff have an annual appraisal. Records of appraisal should be retained for inspection.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The first appraisals will take place w/c 13/11/2017</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p> <p>To be completed by: 25 October 2017</p>	<p>The registered person shall ensure that the fire risk assessment is reviewed on an annual basis.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: New fire risk assessment to be carried out by 27/10/2017</p>
<p>Area for improvement 3</p> <p>Ref: Standard 9</p> <p>Stated: First time</p> <p>To be completed by: 25 November 2017</p>	<p>The registered person shall ensure that an anonymised report detailing the main findings of all means by which patients provide feedback in regards to the quality of care and treatment should be generated at least on an annual basis.</p> <p>The report should be made available to patients and other interested parties.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: A new feedback form has been added to reception to collect information</p>

<p>Area for improvement 4</p> <p>Ref: Standard 1</p> <p>Stated: First time</p> <p>To be completed by: 25 October 2017</p>	<p>The registered person shall ensure that the statement of purpose and patient guide are updated, kept under review and revised when necessary.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: A new statement of prupose has been completed and attached</p>
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