

Announced Care Inspection Report 24 January 2018



Curran Oral Surgery Clinic

Type of Service: Independent Hospital (IH) – Dental Treatment

Address: 434 Lisburn Road, Belfast, BT9 6GR

Tel No: 028 9066 7979

Inspector: Emily Campbell

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

Curran Oral Surgery Clinic is a referral only dental practice which carries out NHS and private oral surgery treatments. The practice is registered with four registered places.

3.0 Service details

Registered organisation/registered provider: Mr Martin Curran	Registered manager: Mr Martin Curran
Person in charge of the service at the time of inspection: Mr Martin Curran	Date manager registered: 08 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

4.0 Inspection summary

An announced inspection took place on 24 January 2018 from 12:30 to 15:35.

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 staff induction and development, the management of medical emergencies, infection prevention and control and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

One area for improvement against the regulations was made to obtain enhanced AccessNI disclosures prior to new staff commencing employment.

Two areas for improvement against the standards made as a result of the previous inspection, in relation to the overview of training and fire safety have not been fully addressed and have been stated for the second time. Five additional areas for improvement against the standards were made. Two of these were in relation to recruitment procedures, two in relation to safeguarding and one in relation to radiology.

Patients who submitted questionnaire responses indicated a high level of satisfaction with the services provided.

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	1	7

Details of the Quality Improvement Plan (QIP) were discussed with Mr Martin Curran, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 25 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 July 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 Curran, registered person, the practice manager and three dental nurses. A tour 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 25 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 25 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 (3) Stated: First time	The registered provider must ensure that sterilisers are validated and arrangements established to ensure they are revalidated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05.	Met
	Action taken as confirmed during the inspection: Review of documentation evidenced that this area for improvement has 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	A system should be established to ensure that staff appraisal is undertaken annually and records retained.	Met
	Action taken as confirmed during the inspection: Staff confirmed that appraisal had been undertaken annually. Review of five appraisal records evidenced this.	
Area for improvement 2 Ref: Standard 11 Stated: First time	A system should be established to provide an overview of training in respect of all staff.	Partially met
	Action taken as confirmed during the inspection: Training records in respect of directly employed staff and in-house training were available. However, not all records were available in respect of self-employed staff. This area for improvement has been partially addressed and was stated for the second time.	
Area for improvement 3 Ref: Standard 11.2 Stated: Second time	It is recommended that a robust system to check the professional indemnity status of relevant staff is developed.	Met
	Action taken as confirmed during the inspection: Discussion with the practice manager confirmed that a system had been implemented to flag up when individual staff member's professional indemnity was due. A copy of the professional indemnity is then requested from the individual and a copy retained.	

<p>Area for improvement 4</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p>	<p>It is recommended that a recruitment and selection policy and procedures are developed to reflect legislative and best practice guidance.</p> <p>The recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; references; employment history; AccessNI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies.</p> <p>Action taken as confirmed during the inspection: Review of the recruitment and selection policy and procedures evidenced that this area for improvement has been addressed.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p>	<p>The details of the automatic control test (ACT) should be recorded on a daily basis in the steriliser logbooks with immediate effect.</p> <p>Consult with the washer disinfectant manufacturer and if required implement a soil test at the frequency recommended by the manufacturer. The result of the soil test should be recorded in the washer disinfectant logbook.</p> <p>Action taken as confirmed during the inspection: Review of the steriliser logbooks evidenced that the details of the ACTs were recorded on a daily basis.</p> <p>The practice manager confirmed that the manufacturer of the washer disinfectant confirmed that a soil test was not a required periodic test for the model of the machine.</p>	<p>Met</p>

Area for improvement 6 Ref: Standard 8.3 Stated: First time	<p>X-ray quality grading audits and justification and clinical evaluation audits should be undertaken on a six monthly and annual basis respectively in respect of all dentists in the practice.</p> <p>Action taken as confirmed during the inspection: Review of the radiation protection file evidenced that this recommendation has been addressed.</p>	Met
Area for improvement 7 Ref: Standard 13 Stated: First time	<p>Separate colour coded mops and buckets should be provided for cleaning toilet and general areas.</p> <p>Flooring in dental surgeries/clinical areas should be sealed at the edges.</p> <p>The guards and blades of free standing fans should be cleaned and maintained dust free.</p> <p>Fire extinguishers should be cleaned and maintained dust free.</p> <p>Action taken as confirmed during the inspection: Observations made confirmed that this area for improvement has been addressed.</p>	
Area for improvement 8 Ref: Standard 14.2 Stated: First time	<p>The fire risk assessment should be reviewed on an annual basis and a record retained.</p> <p>Fire drills and fire safety awareness training should be provided on an annual basis and records retained.</p> <p>Action taken as confirmed during the inspection: This area for improvement has not been addressed and was stated for the second time.</p>	Not met

Area for improvement 9 Ref: Standard 14.4 Stated: First time	<p>A maintenance programme should be established which lists equipment and identifies when it needs serviced.</p> <p>Arrangements should then be made to service the equipment at the appropriate timescales.</p> <p>Action taken as confirmed during the inspection: A comprehensive list has been established which identifies equipment and when servicing is due. Reminders are also logged in the practice diary to arrange servicing in a timely manner.</p>	Met
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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 two 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. As discussed, a review of a sample of five records evidenced that appraisals had been completed within the last year.

Staff confirmed that they felt supported and involved in discussions about their personal development. Staff development is encouraged in this practice with dental nurses either having completed or will be enrolling for training in radiology and sedation nurse training. An associate dentist and the practice manager have also completed a practice manager's course.

As discussed previously, training records in respect of directly employed staff and in-house training were available. However, not all records were available in respect of self-employed staff. An area for improvement against the standards was made for the second time in this regard.

A review of records confirmed that a 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 Curran confirmed that four staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that in general, the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. However, there were no written references in one file and only one reference in another file. An area for improvement against the standards was made in this regard. Mr Curran confirmed that he had been in a position to provide references for both these staff, however, there were no records retained in this respect.

AccessNI enhanced disclosures were in place for all four staff, however, the disclosure in respect of one staff member was received after their commencement of employment. This was discussed in detail with Mr Curran and an area for improvement against the regulations was made that AccessNI enhanced disclosures must be undertaken and received prior to any new staff commencing employment. Mr Curran provided assurances that the staff member did not have any patient contact until after the AccessNI check was received.

Copies of the original AccessNI enhanced disclosures were retained in two files reviewed; the storage of disclosure information was not in keeping with AccessNI's code of practice. An area for improvement against the standards was made that AccessNI enhanced disclosure certificates are disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the assessment of the check.

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. An area for improvement against the standards was made that the safeguarding lead should complete formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

One overarching policy was in place for the safeguarding and protection of adults and children at risk of harm and included most types and indicators of abuse and 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. However, the policy had not been updated to reflect the regional guidance Adult Safeguarding Prevention and Protection in Partnership issued in July 2015. An area for improvement against the standards was made in this regard.

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

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A discussion took place in relation to the procedure for the accurate administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and the BNF. Mr Curran has advised that he will ensure that Buccolam will be administered accurately in the event of an emergency in keeping with the HSCB recommendation and the BNF.

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.

A policy for the management of a medical emergency and protocols for the various types of medical emergencies were observed to be in place.

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 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 two steam sterilisers, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. 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 August 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. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

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.

Appropriate staff had signed to confirm that they had read and understood the local rules and staff spoken with demonstrated sound knowledge of the local rules and associated practice. An area for improvement against the standards was made that a copy of the local rules should be displayed near each x-ray machine in keeping with good practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years and a critical examination of the new OPG had been undertaken by the RPA in May 2017. Review of the report of the recent visit by the RPA demonstrated that the recommendations made have been addressed.

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

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

Environment

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

Cleaning schedules and a colour coded cleaning system were in place. It was suggested that the National Patient Safety Agency (NPSA) colour coding should be adopted.

Arrangements are in place for maintaining the environment. This included servicing of the fire detection equipment, relative anaesthesia (RA) units and pulse oximeters.

A fire risk assessment had been undertaken in 2012; however, there was no evidence that this had been reviewed. Fire evacuation procedures were observed to be on display and staff demonstrated that they were aware of the action to take in the event of a fire. Fire safety equipment has been serviced and a logbook was in place. Fire drills and fire safety awareness update training have not been provided. An area for improvement against the standards was made for the second time that the fire risk assessment should be reviewed and fire safety drills and fire awareness training provided on an annual basis and records retained.

Pressure vessels had been inspected under the written scheme of examination of pressure vessels.

Patient and staff views

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

Nine staff members submitted questionnaire responses. All 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 submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to staff induction, appraisal, management of medical emergencies, infection prevention control and decontamination procedures and the environment.

Areas for improvement

A system should be established to provide an overview of training in respect of all staff.

Two written references, one of which should be from the current/most recent employer, should be sought and retained prior to any new staff commencing employment, including self-employed staff.

AccessNI enhanced disclosures must be undertaken and received prior to any new staff commencing employment.

AccessNI enhanced disclosure certificates should be disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the assessment of the check.

The safeguarding lead should complete formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

The safeguarding policy should be further developed to reflect the regional guidance Adult Safeguarding Prevention and Protection in Partnership issued in July 2015.

A copy of the local rules should be displayed near each x-ray machine.

The fire risk assessment should be reviewed and fire drills and fire safety awareness training should be provided on an annual basis.

	Regulations	Standards
Total number of areas for improvement	1	7

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.

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 staff have different levels of access afforded to them dependent on their roles and responsibilities. All referrals are encrypted.

Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

The practice is registered with the Information Commissioner's Office (ICO).

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There were information leaflets available in the waiting room promoting good oral health and hygiene. Mr Curran and 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
- clinical waste
- sedation
- review of complaints/accidents/incidents
- patient satisfaction surveys

Communication

Mr Curran and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a two to three monthly basis to discuss clinical and practice management issues and minutes are retained. In addition, Mr Curran and the lead dental nurse meet each morning to discuss the schedule for that day and any relevant information is then passed on to staff. Staff confirmed that there is good communication in the practice and if they had any issues or concerns they could go directly to Mr Curran or ask for a staff meeting to be called. Staff also stated that they felt that management was very approachable and there is an open and transparent culture within the practice. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

Patient and staff views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care. 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 and were very satisfied with this aspect of care. 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 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.

Curran Oral Surgery Clinic is a specialist practice which receives referrals from other dental professionals. The referral template used for referrals includes information about any special needs a patient may have such as autism and deafness and this is taken into consideration when appointments are being scheduled. The practice is accessible to patients with a disability and an interpreter service is available if a patient does not speak English.

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.

Patient and staff views

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

All staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. All staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “Patient satisfaction surveys completed on a variety of aspects – always positive.”

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. Mr Curran has 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 an annual 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.

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

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

- “Very well managed, very easy to speak to if you ever have any problems.”
- “Mr Curran is very approachable.”

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 Mr Martin Curran, registered person, 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 19 (2) Schedule 2 (as amended) Stated: First time To be completed by: 25 January 2018	<p>The registered person shall ensure that AccessNI enhanced disclosures are undertaken and received prior to any new staff commencing employment.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: UNDERSTOOD</p>
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 11 Stated: Second time To be completed by: 24 March 2018	<p>A system should be established to provide an overview of training in respect of all staff.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: TRAINING RECORDS PLACED IN INDIVIDUALS FILE (29/1/2018</p>
Area for improvement 2 Ref: Standard 11.1 Stated: First time To be completed by: 25 January 2018	<p>The registered person shall ensure that two written references, one of which should be from the current/most recent employer, are sought and retained, prior to any new staff commencing employment, including self-employed staff.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: UNDERSTOOD</p>

Area for improvement 3 Ref: Standard 11.2 Stated: First time To be completed by: 25 January 2018	<p>The registered person shall ensure that AccessNI enhanced disclosure certificates are disposed of in keeping with AccessNI's code of practice and a record retained of:</p> <ul style="list-style-type: none"> • the date the check was applied for • the date the check was received • the unique identification number • the outcome of the assessment of the check <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: UNDERSTOOD</p>
Area for improvement 4 Ref: Standard 15.3 Stated: First time To be completed by: 24 April 2018	<p>The registered person shall ensure that the safeguarding lead completes formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: NEW POLICY 20/2/2018</p>
Area for improvement 5 Ref: Standard 15.3 Stated: First time To be completed by: 24 April 2018	<p>The registered person shall further develop the safeguarding policy to reflect the regional guidance Adult Safeguarding Prevention and Protection in Partnership issued in July 2015.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: NEW POLICY COMPLETE 20/2/2018</p>
Area for improvement 6 Ref: Standard 8.3 Stated: First time To be completed by: 24 February 2018	<p>The registered person shall ensure that a copy of the local rules is displayed near each x-ray machine.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: COMPLETED 25/1/2018</p>

Area for improvement 7 Ref: Standard 14.2 Stated: Second time To be completed by: 24 April 2018	The fire risk assessment should be reviewed on an annual basis and a record retained. Fire drills and fire safety awareness training should be provided on an annual basis and records retained. Ref: 6.4
	Response by registered person detailing the actions taken: FIRE DRILL AND TRAINING CARRIED OUT SINCE INSPECTION 29/01/2018

Please ensure this document is completed in full and returned via Web Portal



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