

# Announced Care Inspection Report

## 25 July 2016



## 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](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Curran Oral Surgery Clinic took place on 25 July 2016 from 10:05 to 14:00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

Observations made, review of documentation and discussion with Mr Curran, Registered Person, and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One requirement was made in relation to validation of sterilisers. Nine recommendations were made in relation to staff appraisal, training records, monitoring professional indemnity, recruitment and selection policy development, periodic testing of decontamination equipment, undertaking x-ray audits, infection control and environmental cleaning, fire safety and equipment servicing. The recommendations made in relation to monitoring professional indemnity and recruitment and selection policy development have been stated for the second time.

### Is care effective?

Observations made, review of documentation and discussion with Mr Curran 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. As discussed previously a recommendation was made to implement x-ray audits and suggestions were made regarding further development of the auditing programme. No requirements or recommendations have been made.

### Is care compassionate?

Observations made, review of documentation and discussion with Mr Curran and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. Curran Oral Surgery Clinic is a specialist practice which receives referrals from other dental professionals. The referral template includes information about any special needs a patient may have and this is taken into consideration when appointments are being scheduled. No requirements or recommendations have been made.

### Is the service well led?

Information gathered during the inspection identified that further development is needed to ensure that effective leadership and governance arrangements are in place and create a culture focused on the needs of patients in order to deliver safe, effective and compassionate care.

Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. A number of quality assurance processes were in place. However, a number of issues were identified within the domains of is care safe and is care effective, which relate to quality assurance and good governance.

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
<b>Total number of requirements and recommendations made at this inspection</b>	1	9

Details of the Quality Improvement Plan (QIP) within 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

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

### 2.0 Service details

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

### 3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Curran, Registered Person, an associate dentist and three 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 02 September 2015

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

#### 4.2 Review of requirements and recommendations from the last care inspection dated 02 September 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 19 (2) Schedule 2 <b>Stated:</b> First time	The registered person must ensure that the identified staff member has an enhanced AccessNI check in place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that an enhanced AccessNI check had been undertaken and received in respect of the identified staff member.	

<b>Requirement 2</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2  <b>Stated:</b> First time	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to commencement of employment of any new staff.</p> <p><b>Action taken as confirmed during the inspection:</b> One staff member has been recruited since the previous inspection and review of documentation confirmed that an enhanced AccessNI check had been received prior to them commencing employment. Evidence that an enhanced AccessNI check had been applied for was also available in respect of a staff member who has been recruited but will not commence work until the check is received.</p>	<b>Met</b>
<b>Last care inspection recommendations</b>		
<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	<p>It is recommended that the Glucagon is replaced and the arrangements for storage of this medication reviewed.</p> <p><b>Action taken as confirmed during the inspection:</b> Mr Curran confirmed that the Glucagon medication had been replaced and observations made confirmed that a revised expiry date had been identified in keeping with manufacturer’s instructions.</p>	<b>Met</b>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	<p>It is recommended that clear face masks are provided in the various sizes as outlined in the Resuscitation Council (UK) minimum equipment list.</p> <p><b>Action taken as confirmed during the inspection:</b> Observations made evidenced that clear face masks had been provided.</p>	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	<p>It is recommended that paediatric pads are available for use with the Automated External Defibrillator as outlined in the Resuscitation Council (UK) minimum equipment list.</p> <p><b>Action taken as confirmed during the inspection:</b> Observations made evidenced that paediatric pads were available for use with the AED.</p>	<b>Met</b>

<b>Recommendation 4</b>  <b>Ref:</b> Standard 12.1  <b>Stated:</b> First time	<p>It is recommended that policies and local procedures for dealing with the various types of medical emergencies should be developed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A policy for the management of a medical emergency and protocols for the various types of medical emergencies were observed to be in place.</p>	<b>Met</b>
<b>Recommendation 5</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time	<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> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A recruitment and selection policy and procedures had been developed. However reference to 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 were not included.</p> <p>This recommendation has not been sufficiently addressed and has been stated for the second time.</p>	

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that staff personnel files for newly recruited staff are developed and include the information as indicated in regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005. The following information should be retained;</p> <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph;</li> <li>• evidence that an enhanced AccessNI check was received prior to commencement of employment;</li> <li>• two written references;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• documentary evidence of qualifications, where applicable;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties; and</li> <li>• evidence of professional indemnity insurance, where applicable.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The personnel file of a staff member due to commence employment in the near future, subject to a satisfactory enhanced AccessNI check evidenced that the above information had been obtained or requested with the exception of a criminal conviction declaration. This was developed during the inspection and included in the recruitment checklist.</p>	<p><b>Met</b></p>
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<b>Recommendation 7</b>  <b>Ref:</b> Standard 11.2  <b>Stated:</b> First time	<p>It is recommended that a robust system to check the professional indemnity status of relevant staff is developed.</p> <p><b>Action taken as confirmed during the inspection:</b> Professional indemnity records were retained in respect of staff who required individual indemnity. However, two records examined had expired. Mr Curran was advised that he should implement a system to ‘flag up’ when professional indemnity is nearing the time of renewal and ensure that evidence is provided that indemnity has been renewed.</p> <p>This recommendation has not been addressed and has been stated for the second time.</p>	<b>Not Met</b>
<b>Recommendation 8</b>  <b>Ref:</b> Standard 9  <b>Stated:</b> First time	<p>It is recommended that the results of patient satisfactory surveys should be made available to patients.</p> <p><b>Action taken as confirmed during the inspection:</b> Mr Curran confirmed that the summary of the patient satisfaction survey was made available to patients.</p>	

#### 4.3 Is care safe?

##### Staffing

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

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that induction programmes had been completed when new staff joined the practice.

An associate dentist confirmed that staff appraisal had been undertaken previously, however, this was more than one year ago and Mr Curran advised that appraisals are carried out informally through discussion with staff. Previous appraisal records were available for review. A recommendation was made that a system should be established to ensure that staff appraisal is undertaken annually and records retained.

Staff confirmed that they felt supported and involved in discussions about their personal development.



Staff development is encouraged in this practice with three dental nurses having completed training in radiology and three in sedation nurse training. One nurse is currently doing sedation nurse training and one is enrolled for the course due to commence in the near future. An associate dentist and a dental nurse have also completed a practice manager's course.

Some training records were retained in respect of training provided in house, for example, management of a medical emergency, and individual staff, however, this was dependent on individual staff providing this information. A recommendation was made that a system is established to provide an overview of training in respect of all staff.

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

As discussed previously, professional indemnity records were retained in respect of staff who required individual indemnity. However, two records examined had expired. Mr Curran was advised that he should implement a system to 'flag up' when professional indemnity is nearing the time of renewal and ensure that evidence is provided that indemnity has been renewed. A recommendation was made for the second time in this regard.

## **Recruitment and selection**

A review of the submitted staffing information and discussion with Mr Curran confirmed that one staff member has been recruited since the previous inspection and another staff member is currently being recruited and will commence work on receipt of the enhanced AccessNI check. A review of the personnel file for one staff member due to commence work following receipt of the enhanced AccessNI certificate demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained, with the exception of a criminal conviction declaration. A criminal conviction declaration template was developed during the inspection which will be incorporated into the recruitment process.

As discussed previously, the recruitment policy which had been developed did not include reference to contracts 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. A recommendation was made for the second time in this regard.

## **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.

Mr Curran and staff confirmed that they complete safeguarding training online and an external provider also provided training in the practice. The establishment of a system to overview training, as discussed previously, will identify and confirm that all staff have received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Mr Curran confirmed that he will obtain a copy of the new regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) and discuss this with staff at the next staff meeting. The safeguarding vulnerable adult's policy will also be updated to reflect the new arrangements for safeguarding adults at risk of harm.

### **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. The format of buccal Midazolam retained was not in keeping with the Health and Social care Board (HSCB) guidance. Mr Curran was advised that when the buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme. Update training in the management of medical emergencies was last provided in the practice on 19 May 2015 and has been scheduled to be provided again on 19 August 2016. Mr Curran should be mindful that training should be booked in advance to ensure that it is provided on an annual basis.

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. In general, fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt, however some issues were identified which need to be addressed. These are discussed further in the environment section of this domain.

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. Appropriate equipment, including a washer disinfectant and two steam sterilisers have been provided to meet the practice requirements. The washer disinfectant was validated on commissioning in June 2016; however the sterilisers have not been validated since November 2014. A requirement was made that sterilisers should be validated and arrangements established to ensure they are revalidated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

A review of equipment logbooks evidenced that in general periodic tests are undertaken and recorded in keeping with HTM 01-05. However, although staff demonstrated that an automatic control test (ACT) is undertaken on a daily basis in respect of the sterilisers, the details of the ACT were not recorded in the logbooks. A soil test is not undertaken in respect of the washer disinfectant; Mr Curran should consult with the manufacturer to determine if a soil test is required for the model of washer disinfectant and implement this at the frequency required as advised by the manufacturer. A recommendation was made to address these matters.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool.

## **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 measures are taken to optimise dose exposure. This included the use of rectangular collimation, digital x-ray processing and an audit undertaken in June 2016 to review if x-rays were submitted by professionals referring patients to Curran Oral Surgery Clinic and the suitability of the x-rays provided. The outcome of this audit resulted in a change to practice whereby professionals referring patients to the practice must send x-rays with the referral in order to reduce dose exposure. However, x-ray audits of x-rays taken in the practice have not been undertaken since 2014. A recommendation was made that x-ray quality grading audits and justification and clinical evaluation audits are undertaken on a six monthly and annual basis respectively in respect of all dentists in the practice.

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.

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

## Environment

The environment was maintained to a good standard of maintenance and décor. Mr Curran advised that, since the previous inspection, refurbishment had been undertaken which included the redecoration of surgeries and new carpeting on the stairs.

Cleaning schedules and a colour coded cleaning system were in place. However, only two colour coded mops were provided; one for clinical areas and one for toilet and general areas. Mr Curran was advised that the different colour coded mops should be used for the toilet and general areas. The following issues were also identified:

- the guards and blades of two free standing fans in a surgery and the recovery room were observed to have built up dust
- not all floors in dental surgeries were sealed at the edges
- fire extinguishers in general areas were dusty

A recommendation was made that these matters should be addressed.

A legionella risk assessment was undertaken by an external contractor in 2012; however, although Mr Curran confirmed there had been no changes in relation to the water supply since this time, there was no evidence of review of the risk assessment. Mr Curran was advised that he should review this annually and maintain a record to this effect.

A fire risk assessment had been undertaken in 2012; however, again 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 in two years. A recommendation was made in this regard.

Portable appliance and fixed electrical wiring testing was valid to February 2017. Pressure vessels are due to be inspected under the written scheme of examination in the coming months.

Pulse oximeters were last serviced in 2012 and Mr Curran was unsure when other equipment such as relative anaesthesia (RA) gas heads and the x-ray processor had last been serviced. A recommendation was made that a maintenance programme is established which lists equipment and identifies when it needs serviced. Arrangements should then be made to service the equipment at the appropriate timescales.

## Patient and staff views

One patient submitted a questionnaire response to RQIA. The patient indicated that they felt safe and protected from harm.

Three staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

## Areas for improvement

A system should be established to ensure that staff appraisal is undertaken annually and records retained.

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

A robust system to check the professional indemnity status of relevant staff should be developed.

A recruitment and selection policy should be developed to reflect legislative and best practice guidance.

Sterilisers should be validated and arrangements established to ensure they are revalidated on an annual basis.

The details of the ACT should be recorded on a daily basis in the steriliser logbooks. Consult with the washer disinfectant manufacturer and if required implement and record the soil test at the frequency recommended by the manufacturer.

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.

Issues identified in relation to infection prevention and control and general cleaning should be addressed.

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

A maintenance programme should be established which lists equipment and identifies when it needs serviced. Arrangements should then be made to service the equipment at the appropriate timescales.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>9</b>
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## 4.4 Is care effective?

### Clinical records

Mr Curran and 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:

- IPS HTM 01-05 compliance
- review if x-rays were submitted by professionals referring patients to the practice
- review of complaints/accidents/incidents
- patient satisfaction surveys

As discussed previously the most recent x-ray audits completed in respect of x-rays taken in the practice were completed during 2014. A recommendation was made that x-ray quality grading audits and justification and clinical evaluation audits are undertaken on a six monthly and annual basis respectively in respect of all dentists in the practice. It was suggested that the audit programme could be further developed to include clinical records and clinical waste.

## **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, however, Mr Curran advised that these have slipped over the past few months. 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. Minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

## **Patient and staff views**

The patient who submitted the questionnaire response indicated that they get the right care, at the right time and with the best outcome for them.

The submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

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. A number of thank-you letters and cards have been received from patients regarding the service provided.

#### Patient and staff views

The patient who submitted a questionnaire response indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was provided:

- "Exceptional treatment from start to finish 10/10."

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this.



## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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. 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. However, evidence gathered during the inspection has identified a number of issues which could affect the delivery of safe and effective care, all of which have an impact on quality assurance and good governance. One requirement and nine recommendations have been made in order to progress improvement in identified areas. There is a lack of governance arrangements within the practice and the requirement and recommendations made during this inspection must be actioned to ensure improvements are made. It is important these are kept under review to ensure improvements are sustained.

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

The registered provider/manager demonstrated a clear understanding of their 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

The patient who submitted a questionnaire response indicated that they felt that the service is well managed.

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

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this 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 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 may enhance service, quality and delivery.

### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [independent.healthcare.@rqia.org.uk](mailto:independent.healthcare.@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 September 2016</p>	<p>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.</p> <p><b>Response by registered provider detailing the actions taken:</b> Henry Schein have been booked for 7<sup>th</sup> September to carry out validation. On leaving the practice today this was being carried out and no fault or problems have been encountered. A date in August 2017 has been arranged for the next inspection. Certificated should be available within the next few days for inspection</p>
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### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 October 2016</p>	<p>A system should be established to ensure that staff appraisal is undertaken annually and records retained.</p> <p><b>Response by registered provider detailing the actions taken:</b> Dates have been agreed and arranged for appraisals. the senior nurse will carry out appraisal of the nurses and Martin Curran will carry out appraisal of the senior staff. A proforma form as previously used will be used. Dates are set for this to be carry out again in 2017. completed 7/9/2016</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 October 2016</p>	<p>A system should be established to provide an overview of training in respect of all staff.</p> <p><b>Response by registered provider detailing the actions taken:</b> There is a training programme for new staff and a continuous updating system in place through staff meetings and appraisals. Completed 7/9/2016</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 11.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 25 August 2016</p>	<p>It is recommended that a robust system to check the professional indemnity status of relevant staff is developed.</p> <p><b>Response by registered provider detailing the actions taken:</b> Dairy now used with date recorded when professional indemnity is about to expire. The senior nurse will approach each surgeon to inform them that their indemnity is about to expire and will request the new certificates.</p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 25 October 2016</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><b>Response by registered provider detailing the actions taken:</b> Completed 1/9/2016 Check list in place for each new employee.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 September 2016</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><b>Response by registered provider detailing the actions taken:</b> Change of working hours of staff to ensure records are completed implemented 1/9/2016</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 September 2016</p>	<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><b>Response by registered provider detailing the actions taken:</b> System now set up to carry out all audits at regular intervals. Radiation quality audit completed 1/9/2016</p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 August 2016</p>	<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><b>Response by registered provider detailing the actions taken:</b> Conditions have been met 28/7/2016</p>

<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 14.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 September 2016</p>	<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><b>Response by registered provider detailing the actions taken:</b> completed 1/9/2016 risk assessment carried out and chart for fire drill implemented</p>
<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 14.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 October 2016</p>	<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><b>Response by registered provider detailing the actions taken:</b> Completed 2/9/2016 Dairy introduced to show when all equipment is due for service in advance of service being due.</p>

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**



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