Announced Care Inspection Report
19 April 2016

Newtownabbey Dental Practice

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Inspector: Carmel McKeegan

1.0 Summary

An unannounced inspection of Newtownabbey Dental Practice took place on 19 April 2016 from 10:30 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 Ms Fox-Bann, Practice Manager, 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 has been stated for the second time in relation to a legionella risk assessment. Five recommendations have been made in relation to staff appraisal, recruitment and selection processes, infection prevention and control and decontamination procedures and the patient's toilet facility.

Is care effective?

Observations made, review of documentation and discussion with Ms Fox-Bann and staff demonstrated that systems were in place to ensure the care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Ms Fox-Bann and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection 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 person's understanding of their role and responsibility in accordance with legislation. A number of quality assurance processes were in place. However, issues were identified in relation to staff appraisal, recruitment and selection processes and the legionella risk assessment, which all relate to quality assurance and good governance. Recommendations were also made regarding addressing requirements and/or recommendations within specified timescales and reviewing current monitoring systems.

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	7

Details of the QIP within this report were discussed with Ms Sarah-Louise Fox-Bann, Practice Manager, and Mrs Jemaimah Morgan, Oasis Dental Care Clinical Compliance Auditor, as part of the inspection process. The timescales for completion commence from the date of 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

Registered organisation/registered person: Oasis Dental Care Mr Andrew Relf	**Registered manager:** Ms Sarah-Louise Fox-Bann
Person in charge of the service at the time of inspection: Ms Sarah-Louise Fox-Bann	**Date manager registered:** 19 April 2016
Categories of care: IH – DT	**Number of registered places:** 3

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 Ms Sarah-Louise Fox-Bann, practice manager, and Mrs Jemaimah Morgan, Oasis Dental Care clinical compliance auditor, a dentist, two dental nurses and a receptionist.

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
- 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 22 June 2015

The most recent inspection of the establishment was an announced pre-registration 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 22 June 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 30 (a) **Stated:** First time	The registered person must ensure that a complete and full application including fee paid, is submitted in respect of the registered manager for this dental practice.	**Met**
	Action taken as confirmed during the inspection: A registered manager application in respect of Mrs Audrey Sharpe was received in RQIA following the previous inspection as required. Mrs Sharpe has since retired from this position. Ms Sarah-Louise Fox-Bann is the new practice manager and RQIA has received a complete and full application for registered manager in respect of Ms Fox-Bann.	

Requirement 2 **Ref**: Regulation 15 (7) **Stated:** First time	The registered person must ensure that a legionella risk assessment is undertaken and reviewed every two years or following any alteration or modification to the water system. Evidence should be provided that any recommendations made therein, are addressed with records retained for inspection.	**Not Met**
	Action taken as confirmed during the inspection: Discussion with Ms Fox-Bann confirmed that a legionella risk assessment has not yet been undertaken. RQIA has received an application for variation of registration for an additional dental surgery. Ms Fox-Bann stated that the legionella risk assessment will be undertaken on completion of work planned for the practice. This requirement has not been addressed and has been stated for a second time.	
Requirement 3 **Ref**: Regulation 15 (2)(b) **Stated:** First time	The registered person must ensure that portable appliance testing (PAT) is undertaken as new electrical appliances may have been introduced with the change of ownership.	**Met**
	Action taken as confirmed during the inspection: A record for PAT testing undertaken in 2015 was available for inspection.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 13 **Stated:** First time	It is recommended that when the decontamination room is being refurbished consideration should be given to repositioning the dedicated hand washing sink, and providing two sinks for the purposes of manual cleaning in keeping with best practice guidance as outlined in HTM 01-05.	**Met**
	Action taken as confirmed during the inspection: Ms Fox-Bann confirmed that refurbishment of the decontamination room is scheduled to commence later this week. Discussion with Ms Fox-Bann and review of the plans for the new layout of the decontamination room indicated the refurbishment plan was compliant with best practice guidance as outlined in HTM 01-05.	

Recommendation 2 **Ref**: Standard 13 **Stated:** First time	It is recommended that consideration is given to providing new flooring in dental surgeries in keeping with HTM 01-05.	**Met**
	Action taken as confirmed during the inspection: Ms Fox-Bann stated that new flooring, compliant with HTM 01-05, will be provided in each dental surgery in June 2016. In the interim flooring has been sealed at the edges.	
Recommendation 3 **Ref**: Standard 12.3 **Stated:** First time	It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.	**Met**
	Action taken as confirmed during the inspection: An AED is now provided in the dental practice and staff confirmed that they have received training in this regard.	
Recommendation 4 **Ref**: Standard 8.1 **Stated:** First time	It is recommended that the use of rectangular collimation is implemented to optimise dose exposure in keeping with best practice guidance.	**Met**
	Action taken as confirmed during the inspection: Discussion with Ms Fox-Bann and observations made confirmed that rectangular collimation is in use on each intra oral X-ray machine.	

4.3 Is care safe?

Staffing

Three dental surgeries are in operation in this practice. Discussion with staff and review of completed staff and patient questionnaires demonstrated that there were 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. However, Ms Fox-Bann and Mrs Morgan confirmed that due to the changes within the practice management arrangements, annual appraisals had not yet taken place. Ms Fox-Bann stated that on completion of her induction programme which includes training in this area, staff annual appraisals will be undertaken. A recommendation was made in this regard.

Oasis Dental Care have an online training portal which includes core Continuing Professional Development (CPD) topics as recommended by the General Dental Council (GDC). Staff confirmed that they have access to the training portal and there is 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 GDC registration status and professional indemnity of all clinical staff.

Recruitment and Selection

A review of the submitted staffing information confirmed that two staff members have been recruited since the previous inspection. A review of the personnel files 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 two written references in respect of both staff members. Ms Fox-Bann contacted the Oasis Dental Care human resources department and was able to obtain a copy of one written reference in respect of one staff member. Oasis Dental Care human resources department informed Ms Fox-Bann that written references had been requested in writing from the referees provided by each staff member however, only one had been provided. A recommendation was made to address this.

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 leads were. Staff referred to a flow chart diagram displayed in the staff room which outlined the action they should take if they had any concerns.

Staff confirmed they had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Ms Fox-Bann was aware of the new regional guidance issued in July 2015 entitled ‘Adult Safeguarding Prevention and Protection in Partnership’ and confirmed this will be included in the 2016 staff training programme.

Policies and procedures were in place for the safeguarding and protection of adults and children. 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.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). It was observed that the format of buccal Midazolam retained was not the format recommended by the Health and Social Care

Board (HSCB). Ms Fox-Bann was aware that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB. 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. 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.

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.

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. It was observed that computer keyboards in each of the dental surgeries did not have a wipe-able cover. A recommendation was made in this regard. Staff were observed to be adhering to best practice in terms of the uniform policy and hand hygiene.

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. Training records were available for inspection.

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 disinfector and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of a monthly soil test for the washer disinfector. Ms Fox- Bann reviewed the washer disinfector manufacturer's guidance which stated that a monthly soil test should be undertaken for this machine. A recommendation was made to address this.

As previously stated, refurbishment of the decontamination room is planned to commence on 22 April 2016 and is to be completed over the weekend. Discussion with Ms Fox-Bann and review of the plans for the new layout of the decontamination room indicated the refurbishment plan was compliant with best practice guidance as outlined in HTM 01-05.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) electronic audit tool. The most recent IPS audit was completed during January 2016.

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

Radiography

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

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

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

The radiation protection advisor (RPA) completes a quality assurance check every three years. The report of the most recent critical examination visit by the RPA could not be located at the time of the inspection. On the afternoon of the inspection, RQIA received a copy of the Critical Examination/Service Report/Routine Safety Assessment undertaken for each of the intra-oral x-ray machines dated 19 May 2015, which also 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 satisfactory standard of maintenance and décor in areas used by patients and staff. The patient's toilet facility did not have a toilet roll holder, some small holes were noted in the wall and the top surface sealant of the wooden wash hand basin unit has worn away in places exposing bear wood. A recommendation was made to address these matters.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Ms Fox-Bann demonstrated that arrangements are in place for maintaining the environment.

As previously stated a legionella risk assessment has not yet been undertaken and a requirement was stated for a second time in this regard.

A written scheme of examination of pressure vessels was undertaken on 14 April 2015.

An application of variation has been submitted to RQIA to provide an additional surgery and increase the number of registered dental chairs from three to four. On completion of the

planned works a variation to registration inspection will be carried out prior to the approval of the registration of the additional dental chair.

Patient and Staff Views

Sixteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was provided:

- "Came to Mellors as dental phobie- had not been for 20 plus years. Now with dentist assigned, attend on regular basis."

Nine staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. The following comment was provided in a submitted questionnaire:

- "I feel that we could be benefiting from an extra dental nurse as cover is hard to get when looking time off on holidays or flexi-time."

This comment was shared with Ms Fox-Bann who stated that the practice has recently recruited a part-time staff member to provide additional cover. Staff spoken with during the inspection stated that they enjoyed working in the practice and felt that there was good team working.

Areas for improvement

All staff members should receive an annual appraisal.

Two written references should be obtained prior to the appointment of any new staff member.

Computer keyboards in clinical areas should be wipe-able or have a wipe-able cover.

A monthly soil test should be undertaken for the washer disinfector.

The issues identified in the patient's toilet should be made good.

A legionella risk assessment should be undertaken.

Number of requirements:	1	Number of recommendations:	5

4.4 Is care effective?

Clinical records

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

Discussion with a dentist confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that any treatment plans are developed in consultation with patients. Staff confirmed that patients are informed about the cost of treatments, choices and options. Discussion with Ms Fox-Bann and a dentist confirmed that patients are provided with a written copy of their treatment plan in order that they can review and reflect on the treatment choices available to them.

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.

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. Staff confirmed that oral health is actively promoted on an individual basis during treatment sessions.

Leaflets were available on smoking cessation and tooth whitening.

Ms Fox-Bann stated that on completion and registration of the additional dental surgery, the practice may recruit a dental hygienist, to augment the dental team and provide additional oral health services for patients.

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:

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 audit
- review of complaints/accidents/incidents, as applicable
- patient satisfaction
- annual compliance undertaken by the clinical compliance auditor

Communication

Ms Fox-Bann confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff confirmed that meetings also facilitated informal and formal in house training sessions.

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

Discussion with staff confirmed that breaking bad news to a patient is undertaken in the privacy of the dental surgery and patients are facilitated to have private consultation with their dentist should they have any concerns.

Patient and Staff Views

All 16 patients who submitted questionnaire responses indicated that they get the right care, at the right time with the best outcome for them. No comments were provided in submitted questionnaires regarding this domain.

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time with the best outcome for them. Staff spoken with during the inspection concurred with this. No comments were provided in submitted questionnaires regarding this domain.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

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. Observations confirmed that staff conversed with patients and conducted telephone enquiries in a professional and confidential manner.

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

Clinical staff confirmed that treatment options including the risks and benefits were discussed with each patient. This assured patients what treatment is available to them and can make an informed choice. Discussion with staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on a continual basis and provides a summary of feedback to patients on a monthly basis in display format in the patient waiting area and on the practice web site. It was noted that the feedback provided was limited to only three areas. Review of a new and recently developed patient feedback template verified that more informative patient feedback will be provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

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

Patient and Staff Views

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

- "the dental nurse is very kind and attentive, so is *xxxx*"

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. No comments were provided in submitted questionnaires regarding this domain.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

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.

Ms Fox-Bann was appointed practice manager in Newtownabbey Dental Practice in January 2016 and is the nominated individual with overall responsibility for the day to day management of the practice.

Prior to the inspection a full application for registered manager was received in respect of Ms Fox-Bann. Discussion with Ms Fox-Bann demonstrated she has a clear understanding of her role and responsibility in accordance with legislation. Following review of the submitted registered manager application and supporting documentation, registration of Ms Sarah-Louise Fox-Bann was approved with effect from the day of the inspection.

Discussion with Ms Fox-Bann confirmed that she has a structured induction programme and has received support from Mrs Morgan and other Oasis Dental Care personnel.

Mr Relf, registered person monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. A report of the most recent unannounced monitoring visit was available for inspection.

As previously stated a legionella risk assessment had not been completed despite a requirement being made during the last care inspection undertaken in 22 June 2015. RQIA is aware that the registered manager at that time has since retired from this position. However the registered person should ensure that any requirements and/or recommendations during an inspection and reflected in the QIP are addressed within the stated time frame. A recommendation has been made in this regard.

Ms Fox-Bann 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. As identified in section 4.4 a number of quality assurance processes were in place. However, issues were identified in relation to staff appraisal, the recruitment and selection processes and the legionella risk assessment, which all relate to quality assurance and good governance. Whilst the identified omissions may be attributed to a change in the practice management arrangements, it is the responsibility of the registered person to ensure quality assurance and governance arrangements are not compromised. The registered person should review current monitoring systems to ensure effective governance arrangements are in operation. A recommendation is made in this regard.

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 were aware of the policies and how to access them.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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

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

A review of the Statement of Purpose and Patient Guide confirmed that these documents had been updated to reflect the current arrangements in the practice.

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 they feel the service is well managed. No comments were provided in submitted questionnaires regarding this domain.

All submitted staff questionnaire responses indicated that they felt the service is well led. The following comment was provided:

- " Manager approachable but too many layers of management to go through"

This comment was shared with Ms Fox-Bann, who confirmed that there is an open door policy within the practice, for staff to access the practice manager. Staff spoken with during the inspection indicated that they had daily contact with the practice manager, comments were very complimentary and there were no concerns raised.

Areas for improvement

The registered person should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame.

The registered person should review current monitoring systems to ensure effective governance arrangements are in operation.

Number of requirements:	0	Number of recommendations:	2

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Sarah-Louise Fox-Bann, Practice Manager, and Mrs Jemaimah Morgan, Oasis Dental Care Clinical Compliance Auditor, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person meets legislative requirements based on 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.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Independent.Healthcare@rqia.org.uk and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 15 (7) **Stated:** Second time **To be completed by:** 21 July 2016	The registered person must ensure that a legionella risk assessment is undertaken and reviewed every two years or following any alteration or modification to the water system. Evidence should be provided that any recommendations made therein, are addressed with records retained for inspection. **Response by registered person detailing the actions taken:** Oasis Head Office have been contacted on 25th May and this is being scheduled for July 16 once the new nominated contract starts.
Recommendations	
Recommendation 1 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 19 July 2016	A system should be established to ensure that all staff members receive an annual appraisal **Response by registered person detailing the actions taken:** These have been scheduled for w/c 27th June.
Recommendation 2 **Ref**: Standard 11.1 **Stated:** First time **To be completed by:** 19 June 2016	Two written references, one of which should be from the current/most recent employer, should be obtained prior to the appointment of any new staff member. **Response by registered person detailing the actions taken:** HR head office have been informed of this as they request the references for new starts, But I now have all references on site for new starts.
Recommendation 3 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 19 June 2016	Computer keyboards in clinical areas should be wipe-able or have a wipe-able cover. **Response by registered person detailing the actions taken:** Completed 9th may .

Recommendation 4 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 19 May 2016	A monthly soil test should be undertaken for the washer disinfector and recorded in the washer disinfector log book.
	Response by registered person detailing the actions taken: Completed 3rd may and is now being done every month
Recommendation 5 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 19 June 2016	The following issues identified in the patient's toilet facility should be made good: • provide a toilet roll holder/ dispenser • wall surfaces should be intact to facilitate cleaning • the wooden wash hand basin unit should be repainted or re-varnished to provide an intact impervious surface
	Response by registered person detailing the actions taken: Toilet Roll holder now in place and contractor is coming to fill the holes in the wall and paint the unit 8th June
Recommendation 6 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 19 June 2016	The registered person should ensure that any requirements and/or recommendations made in a Quality Improvement Plan (QIP) are addressed within the stated time frame.
	Response by registered person detailing the actions taken: Myself being now the practice manager will ensure that this addressed and that everything is completed in the stated time frame.
Recommendation 7 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 19 May 2016	The registered person should review current monitoring systems to ensure effective governance arrangements are in operation.
	Response by registered person detailing the actions taken: Andy Relf has been notified of this and this will be included in his 6monthly visit to the surgery, and IG topics will be included in our monthly team meetings .

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