

Announced Care Inspection Report 16 August 2017



D J Maguire & Associates Ltd
Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 83a Bridge Street, Portadown, BT63 5AA
Tel No: 028 3833 4116
Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with 10 registered places.

3.0 Service details

<p>Organisation/Registered Provider: D J Maguire and Associates Ltd</p>	<p>Registered Manager: Ms Deborah Irwin</p>
<p>Responsible Individual: Mr Derek Maguire</p>	
<p>Person in charge at the time of inspection:</p>	<p>Date manager registered:</p>

Mr Derek Maguire	21 December 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 10

D J Maguire and Associates Ltd is the registered provider for seven dental practices registered with RQIA. Mr Derek Maguire is the responsible person for D J Maguire and Associates Ltd.

4.0 Inspection summary

An announced inspection took place on 16 August 2017 from 09:50 to 13:15.

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

No areas for improvement were identified during the inspection.

All of the patients who submitted questionnaire responses indicated that they were satisfied with the care and 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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Derek Maguire, registered person and Ms Deborah Irwin, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 11 November 2016

No further actions were required to be taken following the most recent inspection on 11 November 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 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 Derek Maguire, registered person, Ms Deborah Irwin, registered manager, Mrs Julie Mullan, registered manager for Catherine Street Dental Care, Mrs Heidi Irwin, operations director, Mr Leonard Maguire, associate dentist and operations director, and two dental nurses. A tour of some areas of the premises was also undertaken.

A sample of 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 and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

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 11 November 2016

The most recent inspection of the practice was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 11 November 2016

There were no areas for improvement made as a result of the last care inspection.

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

Ten dental surgeries are in operation in this practice. Discussion with Mr Maguire and 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. Each new staff member is provided with an employee handbook which contains pertinent policies and procedures. In addition to the formal induction programme there is a mentoring programme for newly recruited staff members.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development.

There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. D J Maguire and Associates Ltd organises four training events throughout the year for all employees of the organisation. These training events include core Continuing Professional Development (CPD) topics as recommended by the General Dental Council (GDC) and topics identified during staff appraisals. In addition to the training events D J Maguire and Associated Ltd have invested in staff development and have seconded dental nurses to undertake additional qualifications in conscious sedation, oral health education and radiography. The emphasis placed on staff development is to be commended.

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 and discussion with Mrs H Irwin confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for the identified staff member evidenced that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.

There was a recruitment policy and procedure available. Mrs H Irwin confirmed that she oversees the recruitment of staff for the organisation.

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 at a corporate training event during October 2016. It was confirmed that Mr D Maguire, Ms D Irwin and Mrs H Irwin are the safeguarding champions for the organisation. Review of records evidenced that the safeguarding champions had completed 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. The policy 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. Ms D Irwin confirmed that the safeguarding policy had been further developed to ensure it fully reflected the regional safeguarding policy and procedural guidance discussed below.

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 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. The most recent occasion staff completed refresher training on the management of medical emergencies was during May 2017.

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 medical emergencies and protocols outlining the local procedure for dealing with the various medical emergencies were available for staff reference.

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. Training records were available for inspection.

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 two washer disinfectors, two DAC Universals and four 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. 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 April 2017.

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

Radiography

The practice has 10 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 area.

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

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

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report dated 25 October 2015 of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained during November 2016 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. Ms D Irwin confirmed that there is a rolling programme of refurbishment and that since the previous inspection ceiling lights and tiles have been replaced and some areas of the practice have been redecorated.

It was confirmed that Mrs Mullan, maintains a master calendar which includes the annual servicing and maintenance of all equipment and systems for all practices within D J Maguire and Associates Ltd.

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

Arrangements are in place for maintaining the environment to include the routine servicing and maintenance of the gas central heating burner, intruder alarm, fire detection system and firefighting equipment. Arrangements are also in place to ensure that fixed electrical wiring installations are inspected and portable appliance testing (PAT) is undertaken in respect of electrical equipment.

It was confirmed that the fire risk assessment was completed by an external organisation and this is reviewed in house on an annual basis. Fire drills are undertaken four times a year and fire safety awareness training is discussed annually during corporate training evenings. Routine checks are undertaken in respect of the fire detection system. Staff demonstrated that they were aware of the action to take in the event of a fire.

It was confirmed that the legionella risk assessment had been completed in house and arrangements are in place to review this on an annual basis. Water temperatures are monitored and recorded.

Review of records confirmed that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination during January 2017.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Nine patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Eight patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Comments provided included the following:

- “Very pleasant staff.”
- “Excellent approach.”

Thirty-eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Thirty-six staff indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “All patients are protected very well and we have qualified staff in all positions.”
- “We received a really good induction process and training is ongoing to support me in my role.”
- “Our patients are our priority and we have staff in all positions and premises are maintained all the time throughout the year.”
- “We have sufficient staff in our practice. Staff induction and appraisals are in place. Training and CPD nights are held throughout the year.”
- “Free Continuing Professional Development provided by DJM.”
- “Monthly meetings and free CPD nights.”
- “The practice is a very safe environment and takes the training of health and safety very seriously.”
- “Training is excellent and always updated.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Clinical records

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

Staff confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

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

Policies were available in relation to records management, data protection and confidentiality and consent. It was confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

D J Maguire and Associates Ltd 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. D J Maguire and Associates Ltd have an outreach programme that is delivered in local schools, nurseries, nursing homes and in the Simon Community. Oral health awareness sessions are facilitated by staff with qualifications in oral health education and these sessions are Northern Ireland curriculum approved. The practice facilitates a smoking cessation officer to deliver a smoking cessation programme to patients.

It was observed that a television in the waiting room plays slideshows promoting oral health and hygiene. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations and that hygienist services are available in the practice. The practice has 10 intra-oral cameras and these are used when discussing oral hygiene. Intra-oral camera helps patients to see for themselves exactly what is happening in their mouth and they can make informed decisions about what to do. The provision of intra-oral cameras exceeds best practice guidance.

Oral health and hygiene information leaflets are available. A range of products are also available for purchase and samples of products are freely distributed to patients.

The practice Facebook page and website promotes oral health and hygiene through the use of educational videos. The practice is to be commended in regards to their extensive health promotion programme.

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 management
- clinical records
- review of complaints/accidents/incidents
- disability access
- failure to attend
- medical histories
- pain control
- treatment options
- waiting times
- decontamination

If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. Mrs Mullan has responsibility for collating audit results for the organisation.

It was also confirmed that each registered manager is responsible for completing a monthly governance audit which includes all aspects of the operation of the practice. The completed governance audits are forwarded to Mr Maguire for review.

The range of audits undertaken exceeds legislative and best practice requirements.

Communication

It was confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. It was confirmed that a monthly 'focus meeting' has recently been introduced. A representative for each of the staff disciplines and a member of the senior management team attend these meetings. During these meetings challenges faced by specific staff groups are discussed with a view to creating a better understanding of each other's roles and responsibilities. Attendees are encouraged to generate solutions to issues discussed. In addition to the staff and focus meetings senior management within D J Maguire and Associates Ltd meet monthly and Mrs H Irwin meets with practice/registered managers on a weekly basis. It was confirmed that meetings also facilitated informal and formal in house training sessions. Review of documentation demonstrated that minutes of staff meetings are retained.

It was also confirmed that a monthly circular has been introduced. This is a newsletter that is circulated to all practices within the organisation. The newsletter contains staff

congratulations, corporate information, details of upcoming CPD events, refresher information in regards to policies and procedures and the outcome of the focus meetings.

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

Patient and staff views

All nine patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Eight patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. The following comment was included in a questionnaire response:

- “Always able to discuss care.”

All 38 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. Thirty-seven staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. A sample of comments provided included the following:

- “Patients are treated very well and get first class care.”
- “Everyone on our team is aware of professionalism required in dealing with patients. Management continuously monitor our practice and conduct.”
- “Our practice meets the needs of patients. We have up to date meetings and reviews on quality of care to patients.”
- “The care of our patients is paramount. All treatment is recorded in patient records and treated with upmost confidentiality.”
- “We keep accurate records on our Exact system. The practice and management continually monitor the care we provide through various checks and audits.”
- “I think all patient care is well informed, records kept, regular radiograph audits.”
- “Review to assess how practice can be improved continuously working towards improving patient care.”
- “Patient care is continually audited and our annual patient satisfaction survey ensures we are meeting patient expectations.”
- “Yes, high quality care is top priority for all members of the team, staff meetings and good communication helps this.”
- “Professional codes of practice are followed at all times to respond to the needs of the patient.”
- “Yes all patients get the right care and will always receive the best possible outcome.”

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity, respect and involvement in decision making

Staff demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate. In addition the organisation produces a patient newsletter twice a year. The newsletters are localised to each practice.

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

Patient and staff views

All nine patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Eight patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Comments provided included the following:

- "Open and honest environment."
- "Very good customer care, all staff are courteous and respectful."

All 38 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. Thirty-seven staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. A sample of comments provided included the following:

- “Our patients are treated with respect at all times.”
- “We are all aware of the need of confidentiality.”
- “Our patients are treated with first class care, dignity and respect.”
- “Patients are treated with upmost dignity and respect. All their information is treated in a confidential manner. We have patient surveys which help us further.”
- “All of our team operate with the upmost respect for patients confidentiality. We provide questionnaires for patients.”
- “We get regular feedback from patients through satisfaction surveys and also through face to face discussions.”
- “We aim to treat patients as we would our family.”
- “Holding focus groups etc ensures that members of staff are providing high standards of care and compassion which proves very beneficial to patients quality of care.”

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. There was a nominated individual with overall responsibility for the day to day management of the practice. Mrs H Irwin undertakes unannounced visits to each practice within the D J Maguire and Associates Ltd group on a routine basis and produces a report. The findings of these visits are discussed with the registered manager and with Mr Maguire and the senior management team within the organisation.

It was confirmed that the organisation has recently invested in developing organisational values. These values are discussed at team meetings and corporate training events and the values were observed to be on display throughout 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.

Arrangements were in place to review risk assessments.

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, review of documentation and discussion with Mrs H Irwin 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.

Discussion with staff and review of documentation evidenced 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 discussed the range of audits undertaken exceeds legislative and best practice requirements.

It was confirmed that a '90 day promise' programme has recently been introduced. When a quality assurance programme/work stream has been identified the 90 day promise programme is implemented. Staff sign up to the programme and commit to undertaking a piece of work or to contribute to the work stream to bring about the identified change.

It was confirmed that D J Maguire and Associates Ltd is accredited with Investors in People (IIP) and has recently been awarded gold accreditation. This practice is also accredited with the British Dental Association (BDA) Good Practice Scheme Gold level. It was also confirmed that D J Maguire and Associates Ltd recently won the Radox Health Healthcare dental practice of the year award. The IIP accreditation and Radox Health Healthcare dental practice of the year award applies to all practices within the organisation.

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 D Maguire, registered person and Ms D Irwin, registered manager demonstrated a clear understanding of their roles and responsibilities 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 nine patients who submitted questionnaire responses indicated that they felt that the service is well led and indicated that they were very satisfied with this aspect of the service. The following comment was included in a questionnaire response:

- “Staff friendly and open.”

All 38 submitted staff questionnaire responses indicated that they felt that the service is well led. Thirty-five staff indicated they were very satisfied with this aspect of the service and three indicated they were satisfied. Staff spoken with during the inspection concurred with this. A sample of comments provided included the following:

- “All managers are approachable. Our policies are in employee handbook and file in staff room. We discuss policies at staff meetings too.”
- “Managers are very approachable.”
- “We have a solid management team who are very approachable and deal with concerns in a timely manner.”
- “Management is very approachable and respect everything that is discussed.”
- “Any issues that arise in the practice are dealt with quickly as management are easy to approach, have your best interests in mind and everyone is a pleasure to work with.”
- “Extremely easy to talk to about any issues.”
- “Practice manager approachable and policies easily accessible.”
- “Staff meetings ensure everyone is clear on the guidelines. The management willingly make themselves approachable and available.”
- “Yes, open door policy to all members of the managerial team.”
- “Yes, the practice is managed very well. I can go to anybody if I have a problem.”

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews