

# Announced Care Inspection Report 27 July 2017



## Dental Solutions

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

**Address: 23 Cherry Drive, Eglinton, BT47 3US**

**Tel No: 02871811447**

**Inspector: Emily Campbell**

[www.rgia.org.uk](http://www.rgia.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 1 registered place. The practice provides private and NHS dental care and treatment.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> C G Advance Solutions Ltd	<b>Registered Manager:</b> Mr Ciaran Gillan
<b>Responsible Individual(s):</b> Mr Ciaran Gillan	

<b>Person in charge at the time of inspection:</b> Mr Ciaran Gillan	<b>Date manager registered:</b> 26 March 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 1

#### 4.0 Inspection summary

An announced inspection took place on 27 July 2017 from 9:45 to 13:40

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to recruitment and appraisal and patient safety in respect of decontamination, management of a medical emergency and radiology. Other examples included health promotion and engagement to enhance the patient experience.

An area requiring improvement was identified against the regulations in relation to fire safety awareness training and fire evacuation drills. Three areas requiring improvement were identified against the minimum standards in relation to staff training, safeguarding policy development and infection prevention and control.

A patient said “I am a very nervous patient, Ciaran makes me feel very relaxed. I have even had a crown done which I thought I would never have. All staff are very professional”. Patients who submitted questionnaire responses indicated a high level of satisfaction in the care and treatment 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
<b>Total number of areas for improvement</b>	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Ciaran Gillan, registered person, and the practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 28 July 2016**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 July 2017.

### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with one patient, Mr Gillan, the practice manager, who is also a dental nurse, and a dental nurse. A tour of the premises was also undertaken. The inspection was facilitated by the practice manager.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 28 July 2016

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

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 28 July 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> Second time	It is recommended that in respect of any new staff commencing work in the practice that all information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 should be retained within staff personnel files.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the personnel file of one staff member, recruited since the previous inspection, evidenced that all information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> Second time	The washer disinfectant and steam steriliser should be validated and robust arrangements established to ensure that equipment used during the decontamination process is revalidated in keeping with HTM 01-05.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that the washer disinfectant and steam steriliser had been validated on 2 September 2016. The practice manager confirmed that arrangements had been established to ensure that decontamination equipment is validated on an annual basis.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL ) (13) 13. Compatible handpieces should be processed in the washer disinfectant.  <b>Action taken as confirmed during the inspection:</b> The practice manager confirmed that all compatible dental handpieces are processed through the washer disinfectant.	<b>Met</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time	A copy of the local rules should be signed and dated by all appropriate staff to confirm they have read and understood them.  <b>Action taken as confirmed during the inspection:</b> Review of the radiation protection file evidenced that all clinical staff had signed the local rules.	<b>Met</b>
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time	A justification and clinical evaluation recording x-ray audit should be completed annually in keeping with best practice guidance.  <b>Action taken as confirmed during the inspection:</b> Justification and clinical evaluation recording x-ray audits were not available; however, these were submitted, by email, to RQIA on the afternoon of the inspection. The practice manager confirmed that arrangements had been established for these to be completed on an annual basis.	<b>Met</b>
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 9.4  <b>Stated:</b> First time	Arrangements should be in place for consultation with patients, on at least an annual basis.  The results of the patient consultation should be collated in a summative report and made available to patients.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> The practice manager confirmed that arrangements had been established to carry out patient satisfaction surveys on an annual basis. A copy of the most recent patient satisfaction survey report was available.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

#### Staffing

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

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. It was agreed that safeguarding would be included as a specific topic on induction templates.

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. A review of a sample of four evidenced that appraisals had been completed on an annual basis.

Staff confirmed that they keep up to date with the General Dental Council (GDC) continuing professional development (CPD) and other mandatory training. Although some training records were available, there was no overview in place to ensure that all staff receive appropriate training to fulfil the duties of their role. An area for improvement against the standards has been identified in this regard. Training records should also be retained of any training provided.

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 the practice manager confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for this staff member 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.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

A staff register was established during the inspection containing staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable. The practice manager is aware that this is a live document which should be kept updated.

## **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.

The practice manager and dental nurse confirmed that safeguarding is covered at induction and that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Safeguarding adults at risk of harm training was included in a training day provided by the Northern Ireland Medical and Dental Training Agency (NIMDTA) in March 2017. As discussed previously, all training records are not retained in the practice and an area for improvement has been identified in this regard. Review of one available training record did not identify the level of the safeguarding adults at risk of harm training. The practice manager agreed to check with NIMDTA to ensure that the safeguarding leads had training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of children and adults at risk of harm. An area for improvement against the standards was identified that the policies should be further developed to ensure they are comprehensive and reflective of best practice guidance. The policies should include the following:

- names of identified safeguarding leads
- definitions of abuse
- types and indicators of abuse
- onward referral arrangements including Gateway team contact numbers
- documentation of safeguarding concerns
- arrangements in respect of refresher training

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. Following the inspection the following documentation was forwarded to the practice by email:

- Adult Safeguarding Operational Procedures (September 2016)
- NIASP training strategy (revised 2016)



## **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. However, the Glucagon medication which was not stored in the fridge did not have a revised expiry date recorded in keeping with the manufacturer's instructions. It was confirmed by email on the afternoon of the inspection that new Glucagon had been ordered and a revised expiry date of 18 months from the date of receipt would be recorded on same.

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.

Training records available and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

## **Infection prevention control and decontamination procedures**

In general, clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Paint was flaking off on the windowsill in the decontamination room and the cabinetry in the surgery was not sealed where it meets the flooring. An area for improvement was identified against the standards in this regard. 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. As discussed previously, training records should be retained.

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and a steam steriliser, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed on 5 July 2017.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control. These were not reviewed during the inspection.

## **Radiography**

The practice has one surgery 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 measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray quality grading audits which will be further enhanced through the introduction of digital processing in August 2017. Justification and clinical evaluation recording x-ray audits were submitted, by email, to RQIA on the afternoon of the inspection. The practice manager confirmed that arrangements had been established for these to be completed on an annual basis.

A copy of the local rules was on display near the 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.

Mr Gillan confirmed that x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

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

## **Environment**

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

Detailed cleaning schedules were in place for all areas which were signed on completion. Colour coded mops were available for the various areas in the practice, however, only one mop bucket was provided. Confirmation was received by email, on the afternoon of the inspection, that colour coded mop buckets have been provided and mop heads have been replaced.

Arrangements are in place for maintaining the environment including fire safety checks/servicing, boiler servicing, portable appliance testing (PAT) and review of legionella and fire risk assessments.

Water temperatures are monitored and recorded as recommended in the legionella risk assessment and dental unit waterlines (DUWLs) are appropriately managed and infrequently used water outlets are run through on a regular basis.

Staff demonstrated an awareness of the action to be taken in the event of a fire. However, fire safety awareness training is not provided and fire evacuation drills are not carried out on an annual basis in keeping with health and safety legislation. An area for improvement against the regulations was identified in this regard. Records of training and drills should be retained.

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**

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

- “Safe and pleasant practice to attend. Open and friendly staff. Nothing hidden, processes can be seen.”
- “I feel safe and comfortable and feel confident bringing my children here.”

Three staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### **Areas of good practice**

There were examples of good practice found in relation to staff recruitment, induction, appraisal, management of medical emergencies, decontamination procedures and radiology.

### **Areas for improvement**

A system should be established to ensure that all staff receive appropriate training to fulfil the duties of their role.

Policies and procedures for the safeguarding and protection of children and adults at risk of harm should be further developed.

The windowsill in the decontamination room should be made good and cabinetry in the surgery should be sealed where it meets the flooring.

Fire safety awareness training should be provided and fire evacuation drills should be carried out on an annual basis. Records of training and drills should be retained.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	3

## 6.5 Is care effective?

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

### Clinical records

Mr Gillan and staff confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Mr Gillan 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. Mr Gillan incorporates the use of dental photography and a computer software programme which labels the areas of the teeth which require attention on the photograph. This gives the patient a clear understanding of what the issues are so that they can consider and make informed choices regarding their care and treatment.

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

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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. Mr Gillan and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of information leaflets are available in the practice and models are used for demonstration purposes when discussing oral health and hygiene. A range of oral health products are available to purchase in the practice. The practice has information in regards to oral health and hygiene available on their Facebook page.

### 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
- IPS HTM 01-05 compliance
- clinical records
- patient satisfaction
- review of complaints/accidents/incidents

As discussed previously, x-ray justification and clinical evaluation recording audits were submitted to RQIA on the afternoon of the inspection and it was confirmed that arrangements had been established for these to be completed on an annual basis.

## Communication

Mr Gillan 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 every six weeks to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

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

## Patient and staff views

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

- “Very professional and caring service. I am informed and involved in care at all times.”
- “When my tooth chipped I got a quick appointment and was fixed very quickly.”
- “I feel very satisfied with the level of dental care afforded to myself and my family.”

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

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

### 6.6 Is care compassionate?

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

## **Dignity, respect and involvement in decision making**

Staff 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. A patient spoken with during the inspection highly praised the practice in making her feel relaxed as she is a very nervous patient.

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.

## **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. All patients indicated they were very satisfied with this aspect of care. Comments provided included the following:

- "Family friendly and private. Informative supportive staff."
- "I'm always made to feel comfortable and everything is explained."
- "I feel I present Ciaran with a 'challenge! One that we talk freely about. He is sensitive to my concerns and has endless patience for my many questions. He is generous with his time and openly discusses my options."

A patient spoken with during the inspection said "I am a very nervous patient, Ciaran makes me feel very relaxed. I have even had a crown done which I thought I would never have. All staff are very professional".

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. All staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comment was provided:

- "Yes, patients are given treatment plans regarding treatment. We always ensure patients are happy before leaving surgery. We advise patients to take their time when deciding on decisions about treatments."

## 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
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

## Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Mr Gillan works in the practice two days each week and has overall responsibility for the day to day management of the practice. In his absence the practice manager and associate dentist are in charge. The practice manager confirmed that Mr Gillan is contactable should they need to speak with him.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a yearly to two yearly 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 returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

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

Mr Gillan confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.



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

Mr Gillan demonstrated a clear understanding of his role 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 guide are kept under review, revised and updated when necessary and available on request.

Mr Gillan confirmed that plans have been submitted to the local planning authority to build an extension to the practice. It is envisaged that the extension will accommodate an additional surgery, storage and toilet facilities. Mr Gillan is aware that a variation to registration application must be submitted to RQIA should the extension be approved and that any newly established dental surgery must be registered with RQIA prior to becoming operational.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

### **Patient and staff views**

All patients who submitted questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. Comments provided included the following:

- “First class service.”
- “Very professional and to the highest standard of care and hygiene and organised.”
- “All staff are very kind and keep you up to date with appointments.”
- “Well managed practice that I am happy to attend. Prompt reminders sent and appointments available when I need them. Very helpful staff.”

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

- “Yes, the practice is managed very well. The business owner and practice manager work good together. There is a good communication environment within the practice. I feel there is a good support service from the practice manager and business owner.”

### **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
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Ciaran Gillan, registered person, and the practice manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) for assessment by the inspector.

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](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 25 (4) (c) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 27 October 2017	<p>The registered person shall provide fire safety awareness training and carry out fire evacuation drills on an annual basis in keeping with health and safety legislation.</p> <p>Records of training and drills should be retained.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>  <i>Evacuation drill - completed</i>  <i>Date booked for fire safety awareness.</i></p>
<b>Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.4  <b>Stated:</b> First time  <b>To be completed by:</b> 27 September 2017	<p>The registered person shall establish a system to ensure that all staff receive appropriate training to fulfil the duties of their role.</p> <p>Training records should also be retained of any training provided.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>  <i>File has been started to retain records of training + system in place to ensure training</i></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 15.3  <b>Stated:</b> First time  <b>To be completed by:</b> 27 October 2017	<p>The registered person shall ensure that policies and procedures for the safeguarding and protection of children and adults at risk of harm are further developed. The policies should include the following:</p> <ul style="list-style-type: none"> <li>• names of identified safeguarding leads</li> <li>• definitions of abuse</li> <li>• types and indicators of abuse</li> <li>• onward referral arrangements including Gateway team contact numbers</li> <li>• documentation of safeguarding concerns</li> <li>• arrangements in respect of refresher training</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>  <i>This policy has now been further developed.</i></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 13.2	<p>The registered person shall ensure the windowsill in the decontamination room is made good and cabinetry in the surgery is sealed where it meets the flooring.</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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