

# Announced Care Inspection Report 3 May 2017



## Derrylin Dental Implant Centre

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 77 Main Street, Derrylin BT92 9PE**  
**Tel No: 028 6774 8069**  
**Inspector: Stephen O'Connor**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Derrylin Dental Implant Centre took place on 3 May 2017 from 10:15 to 13:15.

The inspection sought to assess progress with any issues raised 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.

### **Is care safe?**

Observations made, review of documentation and discussion with Mr Malanaphy, registered person and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection; safeguarding; management of medical emergencies; infection prevention control and decontamination; radiology and the general environment. A requirement made during the previous care inspection in regards to the passenger lift has not been fully addressed and has been stated for the second time. An additional three recommendations have been made during this inspection: one in regards to safeguarding training; one to review the procedure for the decontamination of dental handpieces; and one in regards to the inspection of fixed electrical wiring installations.

### **Is care effective?**

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

### **Is care compassionate?**

Observations made, review of documentation and discussion with Mr Malanaphy 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 evidenced that in the main there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements; the arrangements for policy and risk assessment reviews; the arrangements for dealing with complaints, incidents and alerts; insurance arrangements; and the registered provider's understanding of their role and responsibility in accordance with legislation. As discussed above a number of issues were identified within the domain of 'Is care safe?' which relate to quality assurance and good governance. Implementation of the requirement and recommendations made under the 'Is care safe?' domain will further enhance the governance arrangements in the practice. No requirements or recommendations have been made under the well led domain.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and

Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Aiden Malanaphy, registered person and the lead dental nurse, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 4 August 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Aiden Malanaphy	<b>Registered manager:</b> Mr Aiden Malanaphy
<b>Person in charge of the practice at the time of inspection:</b> Mr Aiden Malanaphy	<b>Date manager registered:</b> 6 March 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

### 3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records:

- Staffing information
- Complaints declaration
- Returned completed patient and staff questionnaires

During the inspection the inspector met with Mr Malanaphy, registered person, the lead dental nurse and a dental nurse. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- Staffing
- Recruitment and selection
- Safeguarding
- Management of medical emergencies
- Infection prevention and control
- Radiography
- Clinical record recording arrangements
- Health promotion
- Management and governance arrangements
- Maintenance arrangements

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 4 August 2016**

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

**4.2 Review of requirements and recommendations from the last care inspection dated 4 August 2016**

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must establish arrangements to ensure that a thorough examination of the passenger lift is carried out every six months in keeping with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999.</p>	<b>Partially Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation and discussion with staff confirmed that an external organisation has been appointed to undertake a thorough examination of the passenger lift. However it was established that when the lift was installed it was not CE marked. A thorough examination cannot be completed until such times as the lift is CE marked. Engineers have inspected the lift and are in the process of CE marking it. Once CE marked assurances were provided that a thorough</p>		

	<p>examination will be undertaken every six months. In the interim period the lift is not in use. There is a dental surgery on the ground floor of the practice.</p> <p>This requirement has not been fully addressed and it has been stated for a second time.</p>	
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must establish arrangements to ensure that pressure vessels are inspected under the written scheme of examination of pressure vessels at the appropriate intervals.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records confirmed that all pressure vessels in the practice have been inspected in keeping with the written scheme of examination.</p>	<b>Met</b>
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p>	<p>X-ray justification and clinical evaluation recording audits should be carried out in respect of all dentists on an annual basis.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records evidenced that x-ray justification and clinical evaluation recording audits had been completed during January 2017.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 14.4</p> <p><b>Stated:</b> First time</p>	<p>Ensure that x-ray equipment is serviced and maintained in accordance with manufacturer's instructions.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records confirmed that all x-ray equipment had been serviced and maintained by an engineer during September 2016. It was confirmed all x-ray equipment will be serviced on an annual basis.</p>	<b>Met</b>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Colour coded mop buckets should be provided for use with the associated coloured mops.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation evidenced that colour coded mops and mop buckets are available in the practice.</p>	<b>Met</b>

<b>Recommendation 4</b>  <b>Ref:</b> Standard 14.2  <b>Stated:</b> First time	The oil fired burner should be serviced annually.  The air conditioning and passenger lift should be serviced in keeping with the manufacturer's instructions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that the oil burner was serviced during March 2017 and the air conditioning system was serviced during April 2017. As discussed the passenger lift is not currently operational. It was confirmed that once operational the passenger lift will be serviced in keeping with the manufacturer's instructions.	
<b>Recommendation 5</b>  <b>Ref:</b> Standard 14.2  <b>Stated:</b> First time	Recommendations made in the legionella risk assessment report for July 2016 should be addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that remedial works have been completed to address recommendations made in the legionella risk assessment. Water temperatures are monitored and recorded.	
<b>Recommendation 6</b>  <b>Ref:</b> Standard 12.5  <b>Stated:</b> First time	Fire safety training should be provided and fire evacuation drills performed on an annual basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that fire safety awareness training was provided during a staff meeting and that a fire evacuation drill was performed on the same day.	

### 4.3 Is care safe?

#### Staffing

Four dental surgeries are available in this practice; it was confirmed that only two surgeries are currently operational. 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.

No new staff have been recruited since the previous care inspection. However, it was confirmed that induction programme templates were in place relevant to specific roles within the practice.

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.

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

### **Recruitment and selection**

A review of the submitted staffing information and discussion with the lead dental nurse confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future, robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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

### **Safeguarding**

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

The lead dental nurse confirmed that the practice is in the process of arranging in-house safeguarding training to be facilitated by the Northern Ireland Medical and Dental Training Agency (NIMDTA). A recommendation has been made in regards to safeguard training.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. 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), 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.

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**

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and a steam steriliser, 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.

Discussion with staff evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Two handpieces reviewed had the washer disinfectant compatible symbol. Processing of handpieces was discussed with Mr Malanaphy and the lead dental nurse who were advised to refer to the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015 issued to all dental practices by the DHSSPS. A recommendation has been made to review the procedure for the decontamination of dental handpieces.

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**

There are three intra-oral x-ray machines. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken

to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

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

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

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

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

## **Environment**

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

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

Arrangements in place for maintaining the environment included routine servicing of the intruder alarm; portable appliance testing (PAT) of electrical equipment; routine servicing of the air conditioning system, firefighting equipment and the fire detection system.

It was confirmed that the fire risk assessment has been completed in house. This risk assessment is reviewed annually and routine checks are undertaken in respect of the emergency lighting and emergency break glass points.

As discussed the legionella risk assessment has been completed by an external organisation and recommendations made within the risk assessment have been addressed. Water temperatures are monitored and recorded.

Review of records evidenced that all pressure vessels have been inspected in keeping with the written scheme of examination of pressure vessels.

It was not clear when the fixed electrical wiring installations had last been inspected. A recommendation has been in this regard.

As discussed, a requirement made during the previous care inspection in regards to the thorough examination of the passenger lift has not been fully addressed. This requirement been stated for a second time.

It was observed that a Close Circuit Television (CCTV) system was in operation. This was discussed with Mr Malanaphy who confirmed the system was installed approximately seven years ago. Mr Malanaphy was advised that the RQIA guidance document on the use of CCTV systems should be reviewed to ensure that the practice fully adheres to the document. Mr Malanaphy readily agreed to this and following the inspection the RQIA CCTV guidance document was forwarded by email to the practice.

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**

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

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

### **Areas for improvement**

Arrangements should be established to ensure that a thorough examination of the passenger lift is carried out every six months.

The safeguarding lead/champion should undertake formal training in safeguarding children and adults at risk of harm.

The procedure for the decontamination of handpieces should be reviewed. Compatible handpieces should be processed in the washer disinfectant.

Arrangements should be established to ensure the fixed electrical wiring installations are inspected in keeping with BS7671.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	3
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## **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.

Mr Malanaphy 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. Appropriate arrangements are in place for the storage of historic manual records.

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 Malanaphy confirmed that oral health is actively promoted on an individual level with patients during their consultations. Information leaflets are available in the practice. A range of oral health care products are available for purchase and it was confirmed that samples of toothpaste are freely distributed to patients. Hygienist services are available in the practice.

It was confirmed that an associate dentist has facilitated oral health awareness sessions in local primary schools and that a local play school has visited the practice. The practice has a Facebook page which includes information on oral health and hygiene.

### **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

### **Communication**

Mr Malanaphy 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 quarterly basis 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/formal 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 10 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Nine patients indicated that they were very satisfied with this aspect of the service and one indicated that they were satisfied. Comments provided included the following:

- "Very efficient."

- “1st class care.”
- “However I would have liked more information in advance, ended up googling things myself, though could email queries.”

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

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

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

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

Mr Malanaphy and staff 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 dated March 2017 demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

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

**Patient and staff views**

All 10 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Nine patients indicated that they were very satisfied with this aspect of the service and one indicated that they were satisfied. The following comment was included in a submitted questionnaire response:

- “Yes very good.”

All three 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 three staff questionnaires indicated that they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

### Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Mr Malanaphy has overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff 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 records and discussion with staff evidenced that complaints have been managed in accordance with best practice.

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

Mr Malanaphy 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 Malanaphy demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

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

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

### **Patient and staff views**

All 10 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Nine patients indicated that they were very satisfied with this aspect of the service and one indicated that they were satisfied. Comments provided included the following:

- “Very professional.”
- “Although lots of appointments were changed.”

All three submitted staff questionnaire responses indicated that they felt that the service is well led. One staff member indicated that they were very satisfied with this aspect of the service and two indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Aiden Malanaphy, registered person and the lead dental nurse as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to **RQIA'S web portal** for assessment by the inspector.

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

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b> <b>Ref:</b> Regulation 15 (2) <b>Stated:</b> Second time <b>To be completed by:</b> 3 August 2017	<p>The registered provider must establish arrangements to ensure that a thorough examination of the passenger lift is carried out every six months in keeping with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999.</p> <p><b>Response by registered provider detailing the actions taken:</b>            We are awaiting the lift company to fully complete works before the LOLER examination can be completed. The lift is not operational at present until such examinations have taken place.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 15.3 <b>Stated:</b> First time <b>To be completed by:</b> 5 July 2017	<p>The safeguarding lead/champion should undertake formal training in safeguarding children and adults. Adult safeguarding training should be in keeping with the Northern Ireland Adult Safeguarding Partnership Training Strategy (revised 2016).</p> <p><b>Response by registered provider detailing the actions taken:</b>            Formal in house safeguarding training for all staff has been arranged through NIMDA for 16/06/17</p>
<b>Recommendation 2</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> First time <b>To be completed by:</b> 3 June 2017	<p>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.</p> <p><b>Response by registered provider detailing the actions taken:</b>            All compatible handpieces are now processed through the washer disinfectant</p>
<b>Recommendation 3</b> <b>Ref:</b> Standard 14 (2) <b>Stated:</b> First time <b>To be completed by:</b> 03 July 2017	<p>The registered provider should ensure that electrical installations have been subjected to suitable safety checks and tests in line with BS7671.</p> <p><b>Response by registered provider detailing the actions taken:</b>            On enquiring with our electrician we found these safety checks were carried out in 2014. A copy of the report has been sent to our RQIA inspector Stephen O Connor</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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