Announced Care and Variation to Registration Inspection Report
22 November 2019

Larne Dental Centre

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 9 - 11 Glenarm Road, Larne, BT40 1BN
Tel No: 028 282 78585
Inspector: Carmel McKeegan

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 three registered places. An application to vary the registration of the practice to increase the number of dental chairs from three to five and to extend the patient waiting area had been submitted to RQIA. Additional information in this regard can be found in Section 5.0 of this report.

3.0 Service details

Organisation/Registered Provider: Mrs Jillian Saulters **Responsible Individual:** Mrs Jillian Saulters	**Registered Manager:** Mrs Jillian Saulters
Person in charge at the time of inspection: Mrs Jillian Saulters	**Date manager registered:** 25 February 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Three increasing to five following the inspection

4.0 Action/enforcement taken following the most recent inspection dated 18 January 2019

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

5.0 Inspection summary

On 22 November 2019 an announced inspection to this practice took place from 10.00am to 13.45pm which was undertaken jointly by RQIA and a dental advisor from the Health and Social Care Board (HSCB). The HSCB had notified RQIA that they had concerns regarding the governance arrangements in the practice in relation to the number of dentists available to meet the needs of patients and the management of patient appointments. RQIA had also received correspondence from three patients who expressed dissatisfaction regarding the management of their complaint by Larne Dental Centre therefore a decision was made that a joint inspection would be undertaken.

The focus of this joint inspection was to examine the governance arrangements in Larne Dental Centre in relation to staffing provision, the patient pathway and the management of complaints. This was also the annual routine inspection for this dental practice which included the review of a variation to registration application to increase the number of dental chairs from three to five and the extension of the patient waiting area.

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).

This practice was initially registered with the Regulation and Quality Improvement Authority (RQIA) on 25 February 2013 with three dental places.

On 12 April 2019 a variation to registration application was submitted to RQIA to increase the number of registered dental chairs from three to five and to extend the patient waiting area.

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.

Two areas for improvement were identified against the regulations; one to ensure the staff register is kept up to date and the other to ensure complaints are managed in accordance with the practice's own complaint policy and procedure and best practice guidance.

One area for improvement was made against the standards to ensure that complaints are audited on a regular basis and the outcome shared with staff.

Mrs Saulters was informed that Gavin Doherty, RQIA estates inspector, would contact Larne Dental Centre following this joint inspection to request specific documents in relation to the premises to be submitted to RQIA for review. The required premises documentation was submitted to RQIA and the variation to registration application is granted from a care and estates perspective. Additional information in this regard can be found in section 6.4.9 of this report.

The findings of the inspection were provided to Mrs Saulters, responsible individual and the practice manager at the conclusion of the inspection.

Following this joint inspection RQIA received further correspondence from HSCB relating to the governance arrangements in the practice specifically relating to the number of dentists available to meet the needs of patients and the management of patient appointments. In addition RQIA received information suggesting that an unregistered dental chair may have been used prior to approval by RQIA and that the arrangements for provision of conscious sedation in the practice were not as was described to RQIA during this joint inspection on 22 November 2019.

As a result of the issues identified Mrs Jillian Saulters, responsible individual, was invited to attend an enhanced feedback meeting at RQIA on 11 March 2020. The purpose of this meeting was to discuss the information received following the inspection and how Mrs Saulters plans to address the issues identified. We also recently identified that the practice had experienced a high turnover of staff within the past year, particularly in relation to associate dentists and we wished to discuss this with Mrs Saulters.

At the meeting Mrs Saulters, accompanied by her medical legal representative, gave an account of the actions taken to address the issues identified. We discussed Mrs Saulter's role as responsible individual and her legislative responsibility to ensure that the establishment is conducted on the basis of good personal and professional relationships. Assurances were given that the governance and oversight arrangements had been reviewed to ensure the dental staff would be provided in sufficient numbers to meet the needs of a reduced patient list and patient appointment arrangements would be monitored. Mrs Saulters stated that Larne Dental Centre will move to provide mainly private dental care and treatment for a manageable number of patients and that she does not intend to employ associate dentists in the near future. Mrs Saulters also assured us that only she and the lead dental nurse were involved in providing dental care and treatment under conscious sedation and that an unregistered dental chair had not been used for the provision of private dental care or treatment.

Having considered the assurances provided in respect of the issues as outline above, RQIA will continue to monitor the quality of service provided in Larne Dental Centre through our inspection processes. Mrs Saulters agreed to keep HSCB up to date and informed of the out-workings in reducing the registered patient list.

5.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Saulters, responsible individual 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.

5.2 Action/enforcement taken following the most recent care inspection dated 18 January 2019

No further actions were required to be taken following the most recent inspection on 18 January 2019.

6.0 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;
- review of the submitted variation to registration application;
- the statement of purpose; and
- the patient guide

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 our inspection we met with Mrs Saulters, responsible individual, the practice manager and a dental nurse. We spoke with an associate dentist, a dentist undergoing dental foundation year 1 (DF1) by telephone following this inspection. A tour of the premises was also undertaken. Mrs Saulters and the practice manager facilitated the inspection.

During our inspection a sample of records were examined the following records in relation to each of these areas inspected:

- 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; and
- maintenance arrangements

7.0 The inspection

7.1 Review of areas for improvement from the most recent inspection dated 18 January 2019

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

7.2 Review of areas for improvement from the last care inspection dated 18 January 2019

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

7.3 Inspection findings

7.4 Is care safe?

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

7.4.1 Staffing

Three dental surgeries are in operation in this practice. As previously discussed, an application to vary the registration, by increasing the number of registered dental chairs from three to five was received by RQIA.

We discussed the staffing arrangements in the dental practice with Mrs Saulters and the practice manager who stated that there have been a number of changes in the dental team in the preceding months.

We established that since the previous inspection on 18 January 2019 three dentists have left the practice. A list of staff currently working in the practice verified that an associate dentist and a dental foundation year 1 dentist (FD1) commenced work in the practice in September 2019 and there are also two dental hygienists working in the practice who help with the practice work load.

We spoke with the associate dentist and the FD1 dentist who told us that were able to meet the needs of practice and that the frequency and duration of patient appointments is directed by the dentists and hygienists to ensure that dental treatments are undertaken in line with best practice guidance.

Mrs Saulters told us that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and meet the needs of patients registered with Larne Dental Centre. We determined that Larne Dental Centre is in the process of transitioning from operating three dental surgeries to operating and managing five dental surgeries with a new team of dentists working alongside existing dental hygienists and nurses.

The staff register was not available and was provided to RQIA by email following the inspection. We found that the staff register was not up to date and did not include the list of staff currently working in the practice. An area for improvement has been made against the regulations to ensure the staff register is up to date and available for inspection.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of four 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 system 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.

Review of a sample of four personnel files confirmed that there was a system in place to ensure that all staff receive RQIA mandatory training and other training to enable them to meet 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.

7.4.2 Recruitment and selection

We reviewed the arrangements for recruitment and selection of staff to ensure compliance with relevant legislation and best practice guidance. We found that a number of staff of various grades and professions have been recruited since the previous inspection. A sample of four personnel files of newly recruited staff 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.

We identified that records retained in relation to details of Access NI enhanced disclosure applications were not in keeping with the Access NI code of practice.

We advised that the following information should be retained and available for inspection in respect of all Access NI enhanced disclosure applications undertaken:

- staff name;
- date the disclosure check was applied for;
- date the disclosure check was issued;
- the unique identification number;
- the outcome of the assessment of the disclosure; and
- signature of the person assessing the disclosure

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

7.4.3 Safeguarding

We reviewed arrangements for safeguarding of children and adults in accordance with the current regional guidelines. We confirmed that policies and procedures were in place in relation to safeguarding and protection of adults and children at risk of harm. It was identified that policies and procedures for the safeguarding and protection of adults and children were in need of further development to reflect the most recent regional guidance documents. We provided advice and guidance in this regard and on 10 December 2019 RQIA received a copy of the updated safeguarding policies by email. We found the updated safeguarding policies reflected the most recent regional guidance. 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.

During our inspection we spoke to staff who demonstrated they were aware of types and indicators of potential abuse and the actions to be taken should a safeguarding issue be identified, including the name of the nominated safeguarding lead in the practice. Review of the staff training records demonstrated that all relevant staff had received training in safeguarding children and adults.

We found that a whistleblowing/raising concerns policy was available which provides guidance to help staff make a protected disclosure should they need or wish to. Staff confirmed that they knew who to contact should they have concerns or needed to discuss a whistleblowing matter.

7.4.4 Management of medical emergencies

We reviewed arrangements for the management of a medical emergency and were satisfied that the emergency medicines provided were in keeping with the list contained within the British National Formulary (BNF). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, including the provision of an automated external defibrillator.

We found a robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and were ready for immediate use in the case of a medical emergency.

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

Staff last completed medical emergency refresher training on 11 November 2019. We confirmed that this training included first aid training and also scenario based exercises using simulated emergencies for potential medical emergencies that may occur in the practice. These included; anaphylaxis, asthma, cardiac emergencies, myocardial infarction, epileptic seizures, hypoglycaemia, syncope, choking and aspiration, and adrenaline insufficiency. Staff stated that they also participated in cardiopulmonary resuscitation (CPR) and basic airway management including the use of an AED during this training session.

Staff demonstrated a good understanding of the actions to be taken in the event of a medical emergency and were able to identify to us the location of medical emergency medicines and equipment. Staff told us that they felt well prepared to manage a medical emergency should this occur.

We were satisfied that sufficient emergency medicines and equipment was in place and staff were well prepared to manage a medical emergency.

7.4.5 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures and is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mrs Saulters confirmed that conscious sedation in the form of inhalation sedation, known as relative analgesia (RA), is provided. A policy and procedure in relation to the management of conscious sedation is in place.

Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003).

Review of care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Mrs Saulters stated the clinical records of patients provided with RA sedation are audited to ensure these records are completed in line with best practice guidance; audits were available for review in this regard.

Information was available for patients in respect of the treatment provided and aftercare arrangements.

It was established that all members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice.

A review of records and discussion with Mrs Saulters confirmed that the RA equipment has been serviced in keeping with manufacturer's instructions. A Nitrous Oxide risk assessment had been completed to identify the risks and control measures required in required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

7.4.6 Infection prevention control (IPC)

During our assessment of the premises, we found that the practice, including the clinical and decontamination areas, was clean and tidy. We observed that the dental chair headrest in Surgery 4 was torn. We advised that the headrest should be reupholstered to provide an intact surface to facilitate effective cleaning. Mrs Saulters stated that this surgery is not in regular use and arrangements would be made to repair this item.

On 24 November 2019 RQIA received an email from the practice manager confirming that the dental chair headrest had been dispatched for repair and a replacement headrest had been provided in the interim.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC relevant to dentistry, including arrangements for environmental cleaning, use of personal protective equipment, hand hygiene practice, and management of waste and sharps.

We reviewed the most recent IPS audit completed in March 2019, and found that the audit had identified good practice. Mrs Saulters informed us that the IPS audit is undertaken by a delegated dental nurse. Mrs Saulters and staff confirmed that any learning identified as a result of these audits is shared at practice meetings.

We found that staff receive IPC training commensurate with their roles and responsibilities. Staff demonstrated good knowledge and understanding of IPC procedures during discussion with the inspection team.

The arrangements in regards to the two additional dental surgeries were reviewed. Both surgeries has been completed to a good standard, the flooring in the surgeries was impervious and coved where it meets the walls and kicker boards of cabinetry. Both surgeries were tidy and uncluttered, cabinetry and work surfaces were intact and easy to clean.

Sharps boxes were provided and safely positioned to prevent unauthorised access and had been signed and dated on assembly. Staff confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

A dedicated hand washing basin is available in each dental surgery and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. A laminated/wipe-clean poster promoting hand hygiene was displayed at the hand washing area in each surgery.

Personal protective equipment (PPE) was readily available.
The clinical waste bin in each surgery was pedal operated in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

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

7.4.7 Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. This room facilitates flow from dirty through to clean areas, for cleaning and sterilising of reusable instruments.

We confirmed that the decontamination of reusable dental instruments was being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

We found arrangements were in place to ensure that staff received training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

We reviewed arrangements to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use and found that these were in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment including two washer disinfectors and two steam sterilisers has been provided to meet the practice requirements. We found that equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. Equipment logbooks evidenced that periodic tests were undertaken and recorded in keeping with HTM 01-05.

We found that staff were aware of what practice equipment should be treated as single use and what equipment is suitable for decontamination. We confirmed that single use devices were only used for single-treatment episodes and were disposed of following use.

We were told that sufficient dental instruments have been provided to meet the demands of the two additional dental surgeries when they become operational.

7.4.8 Radiography

As previously stated three dental surgeries were in operation in this practice and two new dental surgeries have been recently established. We confirmed that each of the five surgeries has an intra-oral x-ray machine.

Mrs Saulters as Radiation Protection Supervisor (RPS) demonstrated awareness of the most recent changes to the legislation relating to radiology, and radiation safety. A Radiation Protection Advisor (RPA) and a Medical Physics Expert (MPE) have been appointed for the practice.

We found that a critical examination of the two new intra-oral x-ray machines and the routine three yearly examinations of the three existing intra-oral machines had been undertaken by the RPA on 6 November 2019. We reviewed the report of the most recent visit by the RPA and discussed with Mrs Saulters who demonstrated that recommendations made had been appropriately addressed.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. We found that appropriate staff had signed the radiation file to confirm that they had read and understood the content. We determined that staff have been authorised by the RPS for their relevant duties and have received local training in relation to these duties. We 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.

We observed that a copy of the local rules was displayed near each x-ray machine and staff spoken with demonstrated sound knowledge of the local rules and radiation safety in keeping with their roles and responsibilities.

Mrs Saulters confirmed that all dentists take a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading, and justification and clinical evaluation recording.

7.4.9 Environment

The environment was maintained to a high 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.

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

Gavin Doherty, RQIA estates inspector, contacted the Practice Manager of Larne Dental Centre following this joint inspection to request the following documents in relation to the premises and the variation to registration application to be submitted for review:

- fire risk assessment
- legionella risk assessment
- fire detection and alarm system records
- 'Gas Safe' service documentation
- Mechanical and electrical service documentation

Following the conversation with the Practice Manager and review of the submitted documentation the variation to registration application is granted from an estates perspective.

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

A staff register should be kept up to date and include all information as outlined in The Independent Health Care Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of areas for improvement	1	0

7.5 Is care effective?

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

7.5.1 Clinical records

Mrs Saulters confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice and clinical records are routinely audited.

We were informed that both manual and computerised records are maintained, though the vast majority of records are held electronically. Staff told us that electronic records have different levels of access afforded to staff dependent on their role and responsibilities.

We were satisfied that appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

We found that 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. We were satisfied that this 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.

7.5.2 Patient pathway

Mrs Saulters and 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.

We were told that patients are informed about the cost of treatments and consultation sessions when booking an appointment. A price list for all treatments was displayed in the patient waiting area. We determined that patients are informed of the accepted method of payment of charges for all aspects of care and treatment was outlined in the Statement of Purpose and the Patient Guide. Copies of the Statement of Purpose and the Patient Guide were available in the patient waiting area.

We found that patients are advised of their dental treatment plan and are provided with written information of options and choices best suited to meet their needs.

Staff informed us that a system in place to ensure that patient appointments are directed by the treating dentist or hygienist and patients are advised at each visit of when they should return.

7.5.3 Health promotion

A range of oral health promotion leaflets were available at reception and the patients' waiting area. A dental hygienist service is also provided in the dental practice and a range of oral healthcare products were available to purchase.

The practice has a strategy for the promotion of oral health and hygiene. We were told that that oral health is actively promoted on an individual level with patients during their consultations. The practice facilitates 'Kids Days' where the dental practice focuses on undertaking routine check ups for children. Staff told us that in addition to 'Kids Days, children's appointments can be made at any other time that suits the patient. The practice also has a website and an online social media account both of which include information on oral health and hygiene.

7.5.4 Communication

We confirmed that arrangements are in place for onward referral in respect of specialist treatments. Mrs Saulters and the practice manager confirmed that a policy and procedure and template referral letters have been established in this regard.

Staff informed us that staff meetings are held on a regular 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 and formal in house training sessions. Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

A breaking bad news policy in respect of dentistry was in place.

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

7.6 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.

7.6.1 Dignity, respect and involvement in decision making

During our inspection discussions with staff demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff told us that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. We observed reception and clinical staff conversing with patients and conducting telephone enquiries in a professional and confidential manner.

We were assured by staff that the importance of providing emotional support when delivering care to patients who were very nervous or fearful of dental treatment was respected at all times.

Staff told us 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 their services, as appropriate.

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

7.7 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.

7.7.1 Management and governance arrangements

There was a clear organisational structure within the practice and staff described their roles and responsibilities and were aware of who to speak to if they had a concern. Staff told us that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Mrs Saulters is the nominated individual with overall responsibility for the day to day management of the practice and is supported in this role by the practice manager. We were informed that the practice has gone through rebranding and has extended to provide five dental surgeries. A discussion took place between the HSCB Dental Adviser and Mrs Saulters in relation to a concern raised by a former associate dentist that the time allowed for patient appointments was inadequate. Mrs Saulters explained that this had been resolved by "hand over" notes where the dentist would inform reception staff regarding the amount of time required for the patient's next appointment.

The HSCB Dental Adviser also discussed the arrangements for reallocating patients who had been registered with the previous dentists. Mrs Saulters told us that a process of redistribution of patients was actively being managed in house and that any misunderstandings regarding the timing of patient transfers between dentists leaving the practice and dentists taking over the continuing care of these patients had now been resolved.

The HSCB Dental Adviser raised a separate issue that a previous associate dentist was concerned that the dentists didn't have access to the appointment books in their surgeries. Mrs Saulters explained that the dentists did have access to their appointment books at the reception desk and were given paper day lists for their surgeries but were not able to make changes to the appointment books in the surgery. Mrs Saulters explained that prior to this individual access in the surgeries had led to double booking and subsequent difficulties for reception staff trying to manage the diaries.

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.

Mrs Saulters demonstrated a clear understanding of her role and responsibility in accordance with legislation. 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.

Arrangements were in place within the practice to undertake and review risk assessments.

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

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

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on at least a three yearly basis. Staff spoken with were aware of the policies and how to access them.

7.7.2 Complaints management

Review of the complaints policy and procedure identified that further development was needed to clearly outline the separate pathways for NHS patients and private patients of the onward referral route for stage two complaints. Advice and guidance was provided in this regard and on 11 December 2019 RQIA received a copy of the updated complaints policy and procedure which was found to be in line with best practice guidance.

During our inspection were found that patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice. The practice manager confirmed that staff had received training on complaints management and were knowledgeable about how to respond to complainants.

We identified that since the previous inspection in January 2019 a number of complaints had been received. We found that each record of complaint provided detail of the nature of the complaint and outlined the action undertaken by the practice. We identified that records did not always clearly state the date the complaint was received in the practice; the date acknowledgment of complaint was issued to the complainant and upon completion of investigation there was no record to verify the complainant's level of satisfaction. We advised that all complaints should be managed in accordance with the practice's own complaint policy and procedure. We suggested maintaining a complaints log to provide clear information of the management stage of any complaint at any given time and also record the timeline of all correspondence provided to complainants. An area for improvement against the regulations has been made in relation to the management of complaints.

There was no evidence to show that an audit of complaints was in place in order to identify trends at an early stage, drive quality improvement and enhance service provision. An area for improvement has been made against the standards to ensure that an audit of complaints is undertaken on a regular basis and the outcome shared with staff.

7.7.3 Quality Assurance

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

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.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

Ensure complaints are managed in accordance with the practice's own complaint policy and procedure and best practice guidance.

An audit of complaints should be undertaken on a regular basis and the outcome shared with staff.

	Regulations	Standards
Total number of areas for improvement	1	1

7.8 Regulation 26 visits

Where the entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mrs Saulters is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

7.9 Equality data

Equality data

We found that there are arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Discussion with staff and review of information evidenced that the equality data collected was managed in line with best practice.

7.10 Patient and staff views

Two patients submitted questionnaire responses to RQIA. Both patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Both patients also indicated that they were very satisfied with each of these areas of their care.

Discussion with staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of patient care.

7.11 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**2**	**1**

8.0 Quality Improvement Plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Jillian Saulters, responsible individual 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. 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.

8.1 Actions to be taken by 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 QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 21 (3) **Stated:** First time **To be completed by:** 30 January 2020	The responsible individual shall ensure a staff register is kept up to date and includes all information as outlined in The Independent Health Care Regulations (Northern Ireland) 2005. Ref: 6.4.1
	Response by registered person detailing the actions taken: Staff registered has been updated and forwarded
Area for improvement 2 **Ref:** Regulation 23 (1) **Stated:** First time **To be completed by:** 30 January 2020	The responsible individual shall ensure complaints are managed in accordance with the practice's own complaint policy and procedure and best practice guidance. Ref: 6.7.2
	Response by registered person detailing the actions taken: Complaints are and have been managed in line with our practice complaints procedure. We have however now created a complaints tracker which has been forwarded.
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 11.8 **Stated:** First time **To be completed by:** 30 January 2020	The responsible individual shall ensure an audit of complaints is undertaken on a regular basis and the outcome shared with staff. Ref: 6.7.2
	Response by registered person detailing the actions taken: This is currently done and trends identified and relevant action taken if required

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

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