

# Announced Care Inspection Report 21 September 2017



## Oasis Dental Dundonald

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

**Address: Moat House, 963-969 Upper Newtownards Road,  
Dundonald BT16 1RL**

**Tel No: 028 9048 7680**

**Inspector: Elizabeth Colgan**

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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 three registered places.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Oasis Dental Care  <b>Responsible Individual:</b> Mr David Relf	<b>Registered Manager:</b> Ms Karen Donnelly
<b>Person in charge at the time of inspection:</b> Ms Karen Donnelly	<b>Date manager registered:</b> 21 March 2015
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

### 4.0 Inspection summary

An announced inspection took place on 21 September 2017 from 10.00 to 13.00.

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: patient safety in respect of staff training and development; safeguarding; the management of medical emergencies; infection prevention and control; and radiology. Other examples included health promotion, and engagement to enhance the patients' experience.

One area for improvement against the regulations was identified in relation to the recruitment of staff in accordance with Regulation 19(2)(d), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition, an area of improvement against the standards was made to provide confirmation that the practice had been redecorated.

Patients said in the returned questionnaires that the practice appears hygienic, staff are professional, helpful with arranging appointments, and the service they provide is of a high standard. One patient was unhappy about cancelled appointments and not seeing the same dentist; another felt that texts, emails and phone calls made to confirm appointments is too much.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Karen Donnelly, registered 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 6 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 July 2016.

#### 5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the 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 the registered manager, two dental nurses and associate dentist. A tour of the premises was also undertaken.

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 6 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 6 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 12.4 <b>Stated:</b> Second time	It is recommended that the Glucagon medication is replaced and a revised expiry date is recorded on the medication packaging.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Glucagon medication was replaced and a revised expiry date was recorded on the medication packaging.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> First time	A copy of the validation certificates for the equipment used to decontaminate reusable dental instruments should be submitted to RQIA on return of this Quality Improvement Plan (QIP).	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Copies of the validation certificates for the equipment used to decontaminate reusable dental instruments were submitted to RQIA.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> First time</p>	<p>In respect of the steam sterilisers all details of the daily automatic control test (ACT) should be recorded in the machine logbooks in keeping with HTM 01-05.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> All details of the daily automatic control test (ACT) were recorded in the machine logbooks of the steam sterilisers in keeping with HTM 01-05.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time</p>	<p>Ensure that RPA reports, within the past three years are available in respect of all x-ray equipment in the practice.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> RPA reports, within the past three years, were available in respect of all x-ray equipment in the practice.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 14.2 <b>Stated:</b> First time</p>	<p>A copy of the pressure vessel inspection reports produced in keeping with the written scheme of examination should be submitted to RQIA upon return of this QIP.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> A copy of the pressure vessel inspection reports produced in keeping with the written scheme of examination was submitted to RQIA.</p>	

## 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

Three dental surgeries are 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 three staff files evidenced that induction programmes had been completed when new staff joined 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. A review of a sample of three staff files evidenced that appraisals had been completed on an annual basis. The registered manager also meets each member of staff monthly. 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 registered manager confirmed that four staff had been recruited since the previous inspection. A review of the personnel files for three 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 with the exception of two staff references being available for inspection. In all staff files reviewed there was evidence that references had been forwarded but not returned. There was no evidence that these references had been followed up or a new referee requested. This was identified as an area of improvement under the regulations.

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

#### Safeguarding

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

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults 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 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.

It was confirmed that copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

### **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

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. A wall mounted soap dispenser was not available in the decontamination room. Ms Donnelly confirmed by electronic mail to RQIA on 29 September 2017 that wall mounted hand hygiene units are to be fitted in the practice in the week commencing 2 October 2017. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

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

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



A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including two washer disinfectors and two steam sterilisers have been provided to meet the practice requirements. However one of the washer disinfectors has been sent for repair and one of the steam sterilisers is being replaced. Ms Donnelly confirmed that a process has been put in place in the interim to ensure that sufficient equipment is available for practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

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

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

## **Radiography**

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

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

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

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA in August 2016 demonstrated that not all of the recommendations made have been addressed. The Intra-oral film radiography risk assessment recommended by the RPA had not been undertaken. Ms Donnelly forwarded a completed risk assessment by electronic mail on 29 September 2017.

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 fair standard of maintenance and décor. Observation of the premises identified that dental surgeries and the patient toilet area required repainting. Ms Donnelly confirmed by electronic mail to RQIA on 29 September 2017 that painting of entire practice has been approved by the registered person and the company's senior management

team in the next month. Confirmation should be submitted to RQIA when the redecoration of the practice has been completed.

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

Arrangements are in place for maintaining the environment to include annual servicing of the air conditioning system, intruder alarm, fire detection system and firefighting equipment. Portable appliance testing (PAT) of electrical equipment and fixed electrical installation checks are undertaken every three years.

A legionella risk assessment was last undertaken during May 2016 and water temperatures are monitored and recorded as recommended.

The fire risk assessment had been reviewed during May 2017 and staff confirmed fire training and fire drills had been completed. Review of documents demonstrated that routine checks of the fire detection system to include emergency lighting and break glass points are undertaken and records retained. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels was available for inspection.

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**

Seven patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Five patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. One comment was provided in the submitted questionnaire responses:

- “Everything appears hygienic, top standard maintained.”

Six staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Two staff indicated they were very satisfied with this aspect of care and four indicated they were satisfied. Staff spoken with during the inspection concurred with this. One comment was included in submitted questionnaire responses:

- “All team members complete training at regular intervals to ensure they deliver care of the highest standard.”

### **Areas of good practice**

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

## Areas for improvement

- Two written references, one of which should be from the current/most recent employer, should be obtained as part of the recruitment process.
- Confirmation should be submitted to RQIA when the redecoration of the practice has been completed.

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

### 6.5 Is care effective?

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

## Clinical records

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

Ms Donnelly 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.

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. There was information available in regards to the promotion of good oral hygiene. Ms Donnelly confirmed that advice and guidance in relation to oral hygiene is provided to patients on an individual level with patients during their consultations.

## 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 records
- hand hygiene
- patient survey

The company also undertake a comprehensive audit which includes all aspects of the service. This is undertaken as a self-assessment by the registered manager and then subject to external review.

## **Communication**

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

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. 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 and discussed at practice meetings.

## **Patient and staff views**

Six of the seven patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. One patient stated “no” to this section and also indicated they were unsatisfied; a comment was provided noted below with\*. Two patients indicated they were very satisfied with this aspect of care and four indicated they were satisfied. Comments provided included the following:

- “I have had various appointments cancelled due to the dentist leaving, annual leave etc. and seldom see the same dentist twice.”\*
- “Staff very helpful in making appointments to suit your needs.”

Six 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. Two staff indicated they were very satisfied with this aspect of care and four indicated they were satisfied. 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
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

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

## Dignity, respect and involvement in decision making

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

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

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

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report in August 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 of the seven patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Two patients indicated they were very satisfied with this aspect of care and four indicated they were satisfied. One patient indicated they were unsatisfied, no comment was provided. Comments provided included the following:

- "Staff are very professional and the service they provide is of a high standard."
- "I am a very nervous patient and the dentist has been great at putting me at ease."

Six 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. Six staff indicated

they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. One comment was included in submitted questionnaire responses:

- “Great workflow in place.”

### 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.

Ms Donnelly is the nominated individual with overall responsibility for the day to day management of the practice. Ms Donnelly confirmed that the registered provider monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits were not available at the time of the inspection; however these were submitted to RQIA by electronic mail on 17 October 2017. Ms Donnelly confirmed that copies of these reports would be available in the practice for future inspections.

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

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire 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.

Ms Donnelly 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.

Ms Donnelly demonstrated a clear understanding of her 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**

Six of the seven patients who submitted questionnaire responses indicated that they felt that the service is well led. One patient stated no to this section and also indicated they were unsatisfied, no comment was provided. One patient indicated they were very satisfied with this aspect of the service and five indicated they were satisfied. Comments provided included the following:

- "Texts emails and phone calls are made to confirm appointments; this is overkill. Plus I was advised a while ago that responses to text alerts aren't received. Not sure if this has changed."
- "In regards to appointments I receive a text multiple days in advance as well as a phone call the day before."
- "With the exception of the previous comment re dentist unavailability."

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

- "My manager has all staff members well informed of procedures."
- "Very happy with the training provided (ongoing)."

### **Areas of good practice**

There were examples of good practice found in relation 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 Ms Donnelly, registered 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; 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 **via web portal** for assessment by the inspector.



<b>Quality Improvement Plan</b>	
<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 19(2)(d) and Schedule 2  <b>Stated:</b> First time  <b>To be completed by:</b> 21 October 2017	The registered person shall ensure that staff personnel files for newly recruited staff should include two written references, one of which should be from the current/most recent employer as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b>
<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 14.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2017	The registered person shall confirm that the practice has been redecorated. This confirmation should be submitted to RQIA upon return of the QIP.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b>

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



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