

# Announced Care Inspection Report 17 May 2016



## {my}dentist, Foyle Spa

**Service Type: Dental Service**  
**Address: 16c Queen Street, Londonderry, BT48 7EQ**  
**Tel No: 028 7136 1181**  
**Inspector: Emily Campbell**

[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 {my}dentist, Foyle Spa took place on 17 May 2016 from 10:00 to 13:55. Formerly known as Foyle Dental Spa, this practice was bought over by IDH Acquisitions Limited and was registered under this entity with the Regulation and Quality Improvement Authority (RQIA) on 11 December 2015. At this time, the registration of Mr Stephen Williams as the registered person was approved. Mrs Aoibheann Doherty remained as the registered manager of the practice.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service 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 Mrs Doherty 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. One requirement has been made in relation to radiation safety and one recommendation has been made in relation to recruitment and selection.

### **Is care effective?**

Observations made, review of documentation and discussion with Mrs Doherty 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 Mrs Doherty 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 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 person's understanding of their role and responsibility in accordance with legislation. One recommendation has been made to review staff support mechanisms.

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	2

Details of the QIP within this report were discussed with Mrs Aoibheann Doherty, 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.

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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> IDH Acquisitions Limited Mr Stephen Williams	<b>Registered manager:</b> Mrs Aoibheann Doherty
<b>Person in charge of the service at the time of inspection:</b> Mrs Aoibheann Doherty	<b>Date manager registered:</b> 21 March 2013
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

### 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 and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mrs Doherty, two associate dentists, the head receptionist, a dental nurse and a decontamination technician/trainee 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 inspections dated 12 August 2015

The most recent inspections of the establishment were announced pre-registration care and estates inspections which were both undertaken on 12 August 2015. The completed QIPs were returned and approved by the care and estates inspectors. Following this, on receipt of outstanding information required in relation to estates issues, registration was approved on the 10 March 2016.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 12 August 2015

Last care inspection statutory requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 15 (3) <b>Stated:</b> First time	<p>The registered persons must ensure that all dental instruments which are compatible with a washer disinfectant should be decontaminated using this method.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>            Discussion with the decontamination technician and observations made confirmed that all dental instruments compatible with a washer disinfectant are being decontaminated using this method.</p>	<b>Met</b>

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 1 <b>Stated:</b> First time	It is recommended that the statement of purpose is further developed to include the relevant qualifications and experience of the registered persons, updated staff information and clarification of the practice's organisational structure in keeping with regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the statement of purpose confirmed that it had been updated and was in line with legislation.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 8 <b>Stated:</b> First time	It is recommended that the following policies should be prioritised for review and to ensure they reflect local and Northern Ireland arrangements as outlined in the body of the report; <ul style="list-style-type: none"> <li>• safeguarding children and vulnerable adults;</li> <li>• complaints; and</li> <li>• infection prevention and control and decontamination</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the policy file evidenced that this recommendation has been addressed. Mrs Doherty confirmed that the {my}dentist group are continuing to progress policy development at a corporate level in respect of the Northern Ireland practices they operate.	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>• the specifics of the automatic control test (ACT) should be recorded daily in steriliser logbooks with immediate effect;</li> <li>• flooring in the decontamination room should be sealed where cabinetry meets the flooring; and</li> <li>• equipment should not be stored on the floor of the decontamination room with immediate effect.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of documentation and observations made evidenced this recommendation has been addressed.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 14.2</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the air hand dryer in the patient toilet is repaired/ replaced.</p> <p><b>Action taken as confirmed during the inspection:</b> The air hand dryer has not been repaired /replaced, however, disposable paper towels and a towel dispenser have also been provided in the patient toilet.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 12.2</p> <p><b>Stated:</b> First time</p>	<p>It is recommended to ensure that associate dentists are aware of the dosage of adrenaline to be administered to the various age groups in the event of anaphylaxis.</p> <p><b>Action taken as confirmed during the inspection:</b> Mrs Doherty confirmed this had been addressed with associate dentists. Discussion with one associate dentist confirmed they were aware of the dosage to be administered to the various age groups. In addition, a quick reference card with the doses is retained in each surgery.</p>	<p><b>Met</b></p>

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p>	<p>It is recommended to ensure:</p> <ul style="list-style-type: none"> <li>• on completion of the changeover to the new radiation protection advisor (RPA) the radiation protection file is reviewed and updated;</li> <li>• all relevant staff sign to confirm they have read and understood the local rules;</li> <li>• the use of rectangular collimation is implemented; and</li> <li>• x-ray quality audits are undertaken six monthly and justification and clinical evaluation recording audits are undertaken annually</li> </ul>	<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Although a new RPA has been appointed, they have not yet completed a quality assurance check of the x-ray equipment and the previous RPA's quality assurance is still in effect. The radiation protection file was disorganised and there was no evidence to indicate that it had been reviewed.</p> <p>Records reviewed evidenced that not all relevant staff had signed the local rules and although x-ray quality audit grading audits had been undertaken, justification and clinical evaluation recording audits had not. Rectangular collimation was observed to be in use.</p> <p>A requirement was made during this inspection that a complete review of the radiation protection file should be undertaken. The unaddressed aspects of this recommendation are subsumed in the requirement made.</p>		
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that a staff register is developed containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A staff register had been developed, however, dates of birth and dates of leaving had been omitted. This was amended during the inspection to include all relevant details.</p>		

## 4.3 Is care safe?

### Staffing

Five 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 one evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance on a six monthly basis. Staff confirmed that appraisals had taken place; however, appraisal records which are stored electronically were unable to be accessed during the inspection. Discussion with Mrs Doherty confirmed that when written appraisal records are completed, they are scanned onto the {my} dentist computer system and the original record is destroyed. Staff are not provided with a copy of their appraisal record and do not have direct access to them on the system. This was discussed with Mrs Doherty and it was suggested that staff should be provided with copies of their appraisal records in keeping with good practice. 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 receives 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.

As discussed previously, a staff register was retained and amendments were made to this during the inspection to include dates of birth and dates of leaving the service.

### Recruitment and selection

A review of the submitted staffing information and discussion with Mrs Doherty confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for two of these staff demonstrated that 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 written references in respect of one staff member. The personnel file of this staff member evidenced that references had been requested; however, Mrs Doherty confirmed they had not been provided. There was no evidence of any type of follow-up in this regard. A recommendation was made that two written references should be obtained prior to new staff commencing employment.

### 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.



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. Safeguarding refresher training is a {my}dentist mandatory training course and staff complete this through the online training portal.

A copy of the new regional adult safeguarding guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available for staff reference and Mrs Doherty advised that a copy was provided to the safeguarding lead in the practice for dissemination to staff.

### **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. It was observed that the format of buccal Midazolam retained was not in keeping with the Health and Social Care Board (HSCB) guidance. Mrs Doherty was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance. 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.

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

A tour of the premises was undertaken which included two of the five dental surgeries. 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. Since the previous inspection new vinyl flooring which is coved to the wall has been laid in all surgeries. Staff were observed to be adhering to best practice in terms of uniform policy and hand hygiene.

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 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 two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that the washer disinfectant and one non-vacuum steriliser had been appropriately validated. The vacuum steriliser was installed approximately six weeks prior to the inspection and it was Mrs Doherty's understanding that it had been validated on installation, as would be usual protocol. However, the validation certificate was not available and it was agreed that this would be obtained and submitted to RQIA. Mrs Doherty informed RQIA on 24 May 2016 that following checking with the supplier she was informed that the steriliser had not been validated on installation. An urgent request had been submitted to the supplier to have this done. The steriliser was validated on 25 May 2016 and documentary evidence to confirm this was submitted to RQIA. 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 December 2015.

## **Radiography**

The practice has five surgeries, each of which has an intra-oral x-ray machine. In addition there is a combined orthopan tomogram (OPG) and cephalogram machine, which is located in a separate room.

A dedicated radiation protection file was available. Since the previous inspection a new radiation protection advisor (RPA) has been appointed, however they have not yet completed a quality assurance check of the x-ray equipment and the previous RPA's quality assurance is still in effect. A date has been established for a new critical examination of x-ray equipment to be carried out on 10 June 2016.

It was evidenced that measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray quality grading audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and staff spoken with demonstrated sound knowledge of the local rules and associated practice.

On review, the radiation protection file was observed to be disorganised and there was a combination of the previous organisation's documents and new {my}dentist documents. As all associate dentists in the practice have been identified as radiation protection supervisors (RPS) there is no specific individual responsible for ensuring that all of the required information is contained or retained in the file. The following issues were identified on review of the radiation protection file:

- justification and clinical evaluation recording audits are not completed annually
- all relevant staff had not signed to confirm they had read and understood the local rules
- authorisation records were not up to date

A requirement was made that following the RPA quality assurance check in June 2016, a complete review of the radiation protection file must be undertaken. The radiation protection file should contain information as required under the Ionising Radiations Regulations (IRR) (Northern Ireland) 2000 and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) (Northern Ireland) 2000 to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

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

## 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.

Arrangements were in place for maintaining the environment. The {my}dentist group have a facilities management department to support practices. The facilities management department are responsible for ensuring that the fire detection system and firefighting equipment are serviced annually and that relevant risk assessments, including the legionella and fire risk assessments are updated in keeping with best practice guidance.

A legionella risk assessment has been undertaken and control measures have been implemented. Fixed electrical wiring testing, portable appliance testing, boiler servicing, alarm servicing and pressure vessels inspection have been carried out within the appropriate timeframes.

## Patient and staff views

Twelve patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- "From the moment you walk in until you leave, staff are excellent and are made feel very welcome."
- "Very friendly service."
- "The staff are extremely nice and very helpful, also very professional."
- "Staff are very helpful."

Nineteen staff submitted questionnaire responses. All indicated that they feel that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

## Areas for improvement

Two written references should be obtained prior to new staff commencing employment.

A complete review of the radiation protection file must be undertaken following the RPA quality assurance check in June 2016.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>1</b>
--------------------------------	----------	-----------------------------------	----------

## 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.

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.

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

The practice is registered with the Information Commissioner's Office (ICO).

### Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There were information leaflets and posters available in regards to oral health and hygiene in the waiting areas of the practice. The waiting area also accommodated a TV which plays slideshows with information in regards to the practice, treatments available and oral health and hygiene. The {my}dentist group have a marketing department which distributes new poster displays every three months. Staff confirmed that oral health is actively promoted 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:

- IPS HTM 01-05 audit
- clinical waste management audit
- quarterly Health & Safety audit
- six monthly independent compliance checklist/audit by an external organisation
- independent annual audit of fire and legionella by an external organisation
- review of complaints/accidents/incidents
- surgery and decontamination room checklist
- area manager audit every six weeks
- audit of clinical records every six months by the clinical director

### Communication

Associate dentists spoken with confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. In addition one to one meetings are held with the registered manager. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions. A clinical newsletter is issued every quarter from the {my}dentist group providing clinical updates in various areas.

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

**Patient and staff views**

Eleven of the 12 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 did not respond. Comments provided included the following:

- “I feel my dentist always offers and explains treatment suited to me.”
- “Not long waiting time, care discussed and easily understood. Always cater to my needs.”

All submitted staff questionnaire responses indicated that they feel that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “There is a wide range of experience and materials available in the practice which provides extensive options for both private and NHS treatment. Patients have great choice.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

**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.

An interpreter service is available for patients who require this assistance.

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. Written treatment plans are provided to patients. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on a monthly basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

### **Patient and staff views**

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- “Staff are very easy to talk with, never had any problems.”
- “Dentist is excellent.”

Eighteen of the 19 submitted staff questionnaire responses indicated that they feel that patients are treated with dignity and respect and are involved in decision making affecting their care. One staff member did not respond. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “Patients often comment on how nice the dentists are in the practice and how they are surprised at how the dentist offer so much input by patients and so much choice.”

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

## **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 spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. However, three staff who submitted questionnaire responses indicated that management was not approachable and were slow to respond to issues raised.

Mrs Doherty is the nominated individual with overall responsibility for the day to day management of the practice. Mrs Doherty is supported by senior staff and her peer group within the {my}dentist organisation.

The area development manager visits, at least every six weeks to undertake an audit. A report and action plan is generated following these visits. A clinical director of the {my}dentist group also visits each practice every quarter. Again a report and action plan is generated following these visits.

Policies and procedures were available for staff reference. In addition to hard copies being available electronic copies of policies and procedures are available on the cascade information management system. The {my}dentist group have a Head of Compliance and Registration who is responsible for ensuring that policies and procedures are reviewed on a three yearly basis. Mrs Doherty confirmed that the {my}dentist group continues to review current policies to ensure they are reflective of Northern Ireland legislation. 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 displayed in the practice; this is currently under review. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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.

Mrs Doherty 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.

The registered manager demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. However, there was a long delay in {my}dentist addressing the requirements and recommendations made by the estates inspector during the pre-registration inspection on 12 August 2015 before registration of the practice could be approved on 10 March 2016. The {my}dentist group should be mindful of the need to action any requirements or recommendations made by RQIA within the specified timescales.

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 patients who submitted questionnaire responses indicated that they feel that the service is well managed. The following comment was provided:

- “Always kept informed.”

Fifteen of the 19 submitted staff questionnaire responses indicated that they feel that the service is well led; three indicated the service was not well led. One staff member did not respond. Comments provided included the following:

- “New guidelines since we have been taken over by ‘my dentist’ group has brought new policies and procedures in so as a group we are still in the process of implementing these and bringing all staff up to speed. New audits need to be completed under new group.”
- “Not approachable.”
- “I can talk with my manager about any issues.”
- “... not approachable.”
- “Senior management not quick to sort out matters ...”

The findings of the submitted staff questionnaires were discussed with Mrs Doherty. Whilst staff spoken with during the inspection did not raise any concerns or issues it is apparent that not all staff in the practice feels sufficiently supported. It is not known at this stage if this dissatisfaction is associated with the transition to the new organisational arrangements. A recommendation was made that staff support mechanisms are reviewed to include the arrangements in relation to team working, effective communication and the management structure.

## Areas for improvement

Staff support mechanisms should be reviewed.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
--------------------------------	----------	-----------------------------------	----------

### 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Aoibheann Doherty, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (1) (b), (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 July 2016</p>	<p>The registered person must ensure that following the radiation protection advisor (RPA) quality assurance check in June 2016, a complete review of the radiation protection file is undertaken. The radiation protection file should contain information as required under the Ionising Radiations Regulations (IRR) (Northern Ireland) 2000 and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) (Northern Ireland) 2000 to ensure that all matters relating to x-rays reflect legislative and best practice guidance.</p>
	<p><b>Response by registered person detailing the actions taken:</b> Being developed further by MyDentist head office compliance Dept Sally Toon, Penri Cunnah and Kathy McMahon</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 May 2016</p>	<p>The registered person should ensure that two written references, one of which should be from the current/most recent employer are obtained prior to new staff commencing employment.</p>
	<p><b>Response by registered person detailing the actions taken:</b> Two written references are requested as part of the detailed recruitment process. A system has now been implemented to follow up to the initial reference request letters if there has been no response after 2 weeks of request</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 11.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 June 2016</p>	<p>The registered person should review staff support mechanisms to include the arrangements in relation to team working, effective communication and the management structure.</p>
	<p><b>Response by registered person detailing the actions taken:</b> A 1-2-1 meeting has been carried out with all staff members to give support and a voice for any concerns.</p>



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 @RQIANews