

Announced Care Inspection Report 14 June 2017



Gentle Dental Care

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

Address: 58 Lisburn Road, Belfast BT9 6AF

Tel No: 028 9032 6795

Inspector: Winifred Maguire

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with four registered places providing private dental care including orthodontics, implants and oral surgery with sedation.

3.0 Service details

Registered Providers: Mrs Lucy Stock & Mr Adam Jaffa	Registered Manager: Mr Adam Jaffa
Person in charge at the time of inspection: Mr Adam Jaffa	Date manager registered: 22 November 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

4.0 Inspection summary

An announced inspection took place on 14 June 2017 from 10.10 to 13.15.

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 staff training and development, patient safety in respect of radiology, the environment, the range and quality of audits, health promotion and engagement to enhance the patients' experience.

Issues of concern were identified in relation to recruitment and selection practice. It was identified that two new staff had commenced employment since the previous inspection.

A review of the records identified, in respect of one of the staff members, that all the necessary recruitment checks, as outlined in legislation, had been undertaken and received prior to commencement of employment. However, an AccessNI enhanced disclosure check was not received until after the commencement of employment in respect of the second staff member and there was no evidence to confirm that the other recruitment checks in accordance with Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been obtained.

A review of written recruitment and selection processes evidenced that there were robust systems and processes in place to ensure that planned staff recruitment was being undertaken in accordance with statutory legislation. However, it was confirmed during discussion that a staffing crisis in the dental practice had led to a decision to permit this member of staff to commence employment without the necessary checks having been undertaken.

RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been compromised.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered persons with the intention of issuing a failure to comply notice.

A meeting was held on 27 June 2017 at the offices of RQIA. At this meeting, Mr Adam Jaffa, registered person, provided a robust action plan regarding contingency arrangements he had put in place for recruitment of staff in a staff crisis situation, to prevent a reoccurrence. RQIA were assured that the appropriate actions to address the identified issues have already been taken and subsequently a failure to comply notice was not issued. Additional information in this regard can be found in section 6.3 of this report.

Two areas of improvement against the regulations have been made in relation to recruitment and selection practice. These relate to ensuring that AccessNI enhanced disclosure checks are undertaken and received and that all information as outlined in legislation is obtained and retained prior to any new staff commencing work in the practice.

All information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended should be sought and retained for all staff, including self-employed staff, who commence work in the future.

As a result of the findings of this inspection a decision was made to undertake a follow-up inspection within the next six months. The purpose of the follow-up inspection will be to ensure that the issues identified in the Quality Improvement Plan (QIP) have been addressed. Mr Jaffa was informed that a follow-up inspection will be undertaken.

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.

All of the patients who submitted questionnaire responses indicated that they were satisfied with the care and services provided.

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
Total number of areas for improvement	2	0

Details of the QIP were discussed with Mr Adam Jaffa, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website:
[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

4.2 Action/enforcement taken following the most recent care inspection dated 10 May 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 May 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
- review of duty calls received by RQIA
- 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 Mr Adam Jaffa and Mrs Lucy Stock, registered persons, and a dental nurse. 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 section
- safeguarding
- management of medical emergencies
- infection prevention and control
- 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 Mr Adam Jaffa at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 May 2016

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

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

6.2 Review of areas for improvement from the last care inspection dated 10 May 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
Area for improvement 1 Ref: Standard 13 Stated: First time	The floor covering in the two identified dental surgeries should be sealed at the edges where the floor meets the walls and cabinetry. The dental stool should be re-upholstered to provide an intact surface to facilitate effective cleaning.	Met
	Action taken as confirmed during the inspection: The floor covering in the two identified dental surgeries had been sealed at the edges where the floor meets the walls and cabinetry. The identified dental stool has been re-upholstered to provide an intact surface to facilitate effective cleaning.	
Area for improvement 2 Ref: Standard 13 Stated: First time	The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) 13 (13). Compatible handpieces should be processed in the washer disinfecter.	Met
	The procedure for the decontamination of dental handpieces has been reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and	

	Professional Estates Letter (PEL) 13 (13). Compatible handpieces are processed in the washer disinfector.	
Area for improvement 3 Ref: Standard 13 Stated: First time	Consideration should be given to securing the yellow wheeled cart containing clinical waste for collection, to prevent unauthorised removal of this item.	Met
	Action taken as confirmed during the inspection: The yellow wheeled cart containing clinical waste for collection has been secured to prevent unauthorised removal of this item.	
Area for improvement 4 Ref: Standard 8.3 Stated: First time	The registered person should review the manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. The arrangements should be confirmed to RQIA in the returned QIP.	Met
	Action taken as confirmed during the inspection: All x-ray equipment has been serviced and maintained in keeping with manufacturer's instructions.	

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

Four 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 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 two evidenced that appraisals had been completed on an annual basis. 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 Mr Jaffa confirmed that two staff had commenced employment since the previous inspection.

A review of the records identified, in respect of one of the staff members, that all the necessary recruitment checks, as outlined in legislation, had been undertaken and received prior to commencement of employment.

A review of the records in respect of the second staff member identified that they had commenced employment prior to an AccessNI enhanced disclosure check having been received. The staff member commenced employment on 5 June 2017 and the AccessNI enhanced disclosure check had been applied for on 6 June 2017, following commencement of employment.

In addition to not having undertaken an AccessNI enhanced disclosure check prior to commencement of employment, there was no evidence to confirm that all other recruitment checks in accordance with Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been obtained.

A review of the written recruitment and selection processes identified that there were robust systems and processes in place to ensure that planned staff recruitment was being undertaken in accordance with statutory legislation. However, it was confirmed during discussion that a staffing crisis in the dental practice had led to a decision to permit this member of staff to commence employment without the necessary checks having been undertaken and that the staff member had worked in the decontamination room only.

RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been compromised.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered persons with the intention of issuing a failure to comply notice.

A meeting was held on 27 June 2017 at the offices of RQIA. At this meeting, Mr Jaffa provided a robust action plan regarding contingency arrangements he had put in place for recruitment of staff in a staff crisis situation to prevent a reoccurrence. RQIA were assured that the appropriate actions to address the identified issues have already been taken and subsequently a failure to comply notice was not issued.

Two areas of improvement against the regulations have been made in relation to recruitment and selection practice.

A follow up inspection will be undertaken to Gentle Dental Care within the next six months to ensure that the systems and process, in relation to recruitment and selection of staff, as outlined, have been embedded into practice.

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 noted a safeguarding flowchart was displayed in each surgery. Mr Jaffa confirmed he would amend the adult safeguarding policy following the inspection to fully reflect the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

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 most emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A portable suction machine was not available during the inspection. Immediately following the inspection Mr Jaffa confirmed the purchase of a portable suction machine. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

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

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

Infection prevention control and decontamination procedures

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

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. 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, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool.

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

Radiography

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

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

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

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

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

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

Environment

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

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

Arrangements are in place for maintaining the environment to include routine servicing of the intruder alarm, fire detection system and firefighting equipment and emergency lighting. Arrangements are also in place for routine inspections of portable appliances, fixed electrical wiring installations and emergency lighting.

The fire risk assessment has been completed by an external organisation. Routine checks are undertaken in respect of the fire detection system. Staff demonstrated that they were aware of the action to take in the event of a fire.

The legionella risk assessment has been completed by an external organisation and water temperatures are monitored and maintained as outlined in the risk assessment.

Arrangements are in place to ensure appropriate risk assessments are reviewed on an annual basis.

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

It was confirmed that NHS prescription pads/forms are not used in the practice.

Patient and staff views

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

- "I have been attending this surgery since 2004 and I have always been convinced of the quality of the service provided."
- "Staff always make sure I am comfortable and as far as possible, to make it pain free."
- "Clean environment. Staff adhere to hygiene protection."
- "Very professional approach."
- "I always have felt safe and staff are very helpful."
- "As a nervous patient, I have found the staff knowledgeable, understanding and very accommodating."

Eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Six staff indicated they were very satisfied with this aspect of care and two 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 induction, training, appraisal, radiology and the environment.

Areas for improvement

AccessNI enhanced disclosure checks must be undertaken and received prior to any new staff commencing work in the future.

All information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended should be sought and retained for all staff, including self-employed staff, who commence work in the future.

	Regulations	Standards
Total number of areas for improvement	2	0

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.

Mr Jaffa 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. 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. Clinical staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

A range of oral health promotion leaflets was available at reception and the patients waiting area. A range of oral health care products were also available to purchase.

Mr Jaffa advised that the practice has been involved with local schools to promote the value of good health when wearing braces. This included the making of a short film involving students entitled "Brace Yourself" which was used to promote good healthcare. A second short film is in the process of final editing which has the involvement of older people and their experience of dental health. The practice has a website which has a range of oral health advice available. Mrs Stock, registered person, writes a weekly dental advice article for a newspaper.

The practice also engages with various voluntary sector organisations to promote oral health.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical waste management
- clinical records
- review of complaints/accidents/incidents

Communication

Mr Jaffa 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 in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice. There were no concerns raised during the inspection.

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

Patient and staff views

All of the 17 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Fifteen patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Comments provided included the following:

- “Involved in all decision making, written care plan discussed fully.”
- “Very helpful and informative.”
- “All my care has been planned for me step by step and could not be happier with the outcome.”
- “Informed of all the options available, high quality service.”

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Six staff indicated they were very satisfied with this aspect of care and two 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
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity, respect and involvement in decision making

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

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

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 had been undertaking patient satisfaction surveys on an annual basis. However, a patient survey had not been conducted within the last year, due to a misunderstanding that the RQIA patient questionnaires replaced this survey. Clarification was provided and immediately following inspection the practice carried out a patient survey, the findings of which were

forwarded to RQIA. It was confirmed 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 patient’s privacy, dignity and providing compassionate care and treatment.

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 and that they were very satisfied with this aspect of care. Comments provided included the following:

- “I have always been treated with respect and my privacy has been protected at all times.”
- “Staff are very mannerly.”

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Seven staff indicated they were very satisfied with this aspect of care and one 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 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

6.7 Is the service well led?

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

Management and governance arrangements

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

Mr Jaffa has overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff 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, a review of documentation and discussion with Mr Jaffa in relation to an anonymous call to RQIA about complaints management; indicated that complaints have been managed in accordance with best practice.

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

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

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

Mr Jaffa and Mrs Stock demonstrated a clear understanding of their roles 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.

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

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

Patient and staff views

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

- "Excellent management and staffing."
- "Always well taken care of."
- "All staff from reception to the dentist has been truly fantastic."

Seven of the eight submitted staff questionnaire responses indicated that they felt that the service is well led; one staff questionnaire indicated that the staff member felt the service is not managed well. This response was discussed with Mr Jaffa. Five staff indicated they were very satisfied with this aspect of the service and three indicated they were satisfied including the staff member who felt the service was not well led. Staff spoken with during the inspection stated

they enjoyed working in the practice and felt there was good team working including the management team. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

The registered provider/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 provider 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 to independent.healthcare@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time To be completed by: 14 June 2017	The registered person must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff, commencing work in the future. Ref: 6.4 Response by registered person detailing the actions taken: I have recently appointed one member of staff on a temporary basis and the access Ni was through before they were appointed.
Area for improvement 2 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time To be completed by: 14 June 2017	The registered person must ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, is sought and retained for all staff, including self-employed staff, who commence work in the future. Ref: 6.4 Response by registered person detailing the actions taken: All the information is requested for all appointments

Please ensure this document is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address



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