The Regulation and Quality Improvement Authority

Announced Care Inspection Report
20 March 2017

Gransha Dental Surgery

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 89a Glen Road, Belfast, BT11 8BD
Tel no: 028 9061 2312
Inspector: Emily Campbell

1.0 Summary

An announced inspection of Gransha Dental Surgery took place on 20 March 2017 from 9:40 to 13:10.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Ms Paula Brown, receptionist and dental nurse, 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. Three requirements and nine recommendations were made to progress improvement. The requirements made were in relation to professional indemnity cover for dental nursing staff, decontamination equipment validation and radiation protection. Six recommendations were made in relation to induction, appraisal, professional indemnity monitoring, recruitment records, AccessNI information storage and staff personnel files. Two recommendations were made in relation to the safeguarding and the management of medical emergencies policy development and one recommendation was made in relation to infection control and decontamination auditing.

Is care effective?

Observations made, review of documentation and discussion with Ms Brown 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 Ms Brown and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. One recommendation was made that patient satisfaction surveys should be undertaken at least on an annual basis.

Is the service well led?

Information gathered during the inspection identified that further development is needed to ensure that effective leadership and governance arrangements are in place and create a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation.

Since the previous inspection, Mr McGuigan, registered person, has retired from the practice and he has incorporated the business. As this represents a new entity, a requirement was made that a new application for registration is submitted to RQIA. Discussion with Ms Brown and Ms Louise McGuigan, associate dentist, identified a lack of clarity regarding who had overall responsibility for the day to day management of the practice, each stating the other was in charge. A recommendation was made to review the overall management structure of the practice and ensure staff are aware of who to speak to if they have a concern. A recommendation was also made that a whistleblowing/raising concerns policy should be developed. Implementation of the requirements and recommendations made under the safe and compassionate domains will further enhance the governance arrangements in the practice.

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
Total number of requirements and recommendations made at this inspection	4	12

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Paula Brown, receptionist and dental nurse, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 23 October 2015.

2.0 Service details

Registered organisation/registered person: Mr Peter D McGuigan	**Registered manager:** Mr Peter D McGuigan
Person in charge of the practice at the time of inspection: Ms Paula Brown Ms Louise McGuigan	**Date manager registered:** 16 July 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

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 Ms Paula Brown, receptionist and dental nurse, Ms Louise McGuigan, associate dentist, another associate dentist, three dental nurses and another receptionist. The inspection was facilitated by Ms Brown. A tour of the premises was also undertaken.

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

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 07 February 2017

The most recent inspection of the establishment was an announced premises inspection. The associated QIP will be reviewed by the estates inspector on submission by the practice.

4.2 Review of requirements and recommendations from the last care inspection dated 23 October 2015

No previous requirements or recommendation from last inspection.

4.3 Is care safe?

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.

An induction template is available for when new staff join the practice. However, the template lacks detail in relation to the specific roles and responsibilities of staff. A recommendation was made that induction templates are developed in this regard and should include specific topics such as fire safety, safeguarding, management of a medical emergency and infection prevention and control as appropriate.

Staff appraisal has not yet been implemented and a recommendation was made that a system is established to ensure that staff receive appraisal on an annual basis. Staff confirmed that they felt supported regarding their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status of all clinical staff. However, there was no system in place to review the professional indemnity of staff who require individual indemnity and there was no evidence available that dental nursing staff where covered under the principal dentist's professional indemnity. Confirmation of professional indemnity in respect of two of the three staff who required individual indemnity was submitted to RQIA on 23 March 2017. A requirement was made that evidence of the professional indemnity of the third staff member and the dental nurses is submitted to RQIA. A recommendation was made that a system is established to ensure that the professional indemnity of all clinical staff is reviewed on the indemnity review date.

Recruitment and selection

A review of the submitted staffing information and discussion with Ms Brown confirmed that two staff have been recruited since the previous inspection. A review of the recruitment records for these staff demonstrated that all of 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, one of which should be from the current/most recent employer, a criminal conviction declaration and confirmation that the person is physically and mentally fit to fulfil their duties. A recommendation was made that all relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 must be sought and retained in respect of any new staff recruited.

Enhanced AccessNI checks were received prior to new staff commencing employment in keeping with good practice. However, the storage of disclosure information was not in keeping with AccessNI's code of practice. A recommendation was made that enhanced AccessNI disclosure certificates are disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the assessment of the check.

A system had not been established for the retention of staff information and a recommendation was made that individual staff personnel files are developed for the retention of records to include recruitment, appraisal and training records. These should be available in the practice for inspection.

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.

Staff confirmed that they had undertaken training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Staff confirmed the most recent training reflected the revised regional adult safeguarding policy.

The practice has a child and adult protection policy in place. However, the policy mainly concentrates on child protection and does not include the types and indicators of abuse. A recommendation was made that the safeguarding policy is further developed to ensure it is reflective of the regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) and Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016). The policy for safeguarding children and protection of adults at risk of harm should include the types and indicators of abuse, the name of the safeguarding lead and distinct referral pathways, including contact numbers, in the event of a safeguarding issue arising with a child or adult at risk of harm. The Adult Protection Gateway referral numbers were provided during the inspection. Copies of the regional guidance documents were emailed to Ms Brown on 20 March 2017.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). However, the Glucagon medication which was stored out of the fridge did not have a revised expiry date recorded in keeping with the manufacturer's instructions. It was confirmed by email on 5 April 2017 that the Glucagon had been replaced and a revised expiry date recorded. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self-inflating bag with reservoir suitable for use with a child, automated external defibrillator pads for a child and oropharyngeal airways. Confirmation was provided by email on 5 April 2017 that this equipment had been provided.

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. As discussed previously the management of a medical emergency should be included as a topic in the written induction programme templates.

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 practice did not have an overarching policy for the management of medical emergencies and a recommendation was made in this regard. The following information should be included in the policy:

- training
- a list of equipment and emergency medication provided
- checking procedures
- how to summons help
- documentation of any incidents
- staff debriefing post incident

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, with the exception of one staff member who was wearing jewellery. This was brought to the attention of the staff member during the inspection.

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector and a steam steriliser, had been provided to meet the practice requirements. However, review of the washer disinfector logbook demonstrated that it had not been in use since February 2016 and it was confirmed that the practice was still waiting for it to be repaired. Ms Brown was advised that dental instruments must be disinfected using a validated process (washer disinfector) in keeping with best practice guidance as outlined in Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. Manual cleaning of instruments should only be undertaken in exceptional circumstances and for a limited period of time in the event of the washer disinfector breaking down. Ms Brown was advised that this matter must be addressed as a matter of urgency. Confirmation was provided by email on 5 April 2017 that the washer disinfector had been repaired and was in use.

A review of documentation evidenced that equipment used in the decontamination process had not been validated in over one year. A requirement was made that the washer disinfector and steriliser are validated and copies of the validation certificates submitted to RQIA. Arrangements should be established to ensure that decontamination equipment is validated on an annual basis in keeping with HTM 01-05.

A review of the steriliser logbook evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. Appropriate periodic tests had also been undertaken and recorded in respect of the washer disinfector prior to it breaking down.

It was unclear when compliance with HTM 01-05 was last audited. A recommendation was made to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool on a six monthly basis. An action plan should be generated for any aspects of non-compliance. A copy of the IPS audit tool was emailed to Ms Brown on 20 March 2017.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control. These were not reviewed during the inspection.

Radiography

The practice has three 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.

Since the previous inspection, one surgery had been relocated to another room in the practice which has been refurbished to provide a dental surgery (surgery three). RQIA were not informed of this minor variation.

A new intra-oral x-ray unit was installed in this surgery; however, there was no critical examination undertaken by the radiation protection advisor (RPA) in relation to the new unit. It was agreed that the use of the intra-oral x-ray unit would cease with immediate effect until such time as the critical examination by the RPA has been undertaken. Ms Brown confirmed that the RPA carried out the critical examination of the new x-ray unit and also completed a quality assurance check of the other x-ray equipment and processes on 7 April 2017.

A number of issues were identified on discussion with staff, observations made and review of the radiation protection file. A requirement was made that the arrangements in relation to radiography and radiation protection must be reviewed. The review should include the following:

- Mr McGuigan is identified as the radiation protection supervisor (RPS), however, he is no longer working in the practice, therefore a new RPS should be identified
- any recommendations made by the RPA should be addressed. Records should be retained confirming each recommendation has been actioned
- updated local rules should be displayed near each x-ray machine
- staff should sign to confirm they have read the local rules and radiation protection folder
- all clinical staff should be entitled and authorised by the RPS for their relevant duties
- x-ray quality grading audits should be undertaken and recorded six monthly
- x-ray justification and clinical evaluation recording audits should be undertaken and recorded on an annual basis
- staff training records should be retained

Environment

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

A colour coded cleaning system was in place. It was agreed that detailed cleaning schedules would be established for all areas to ensure that more attention to detail is paid in respect of non-clinical areas in the practice.

A premises inspection was undertaken by an estates inspector on 7 February 2017; the arrangements for managing and maintaining the environment were therefore not reviewed during this inspection. However, it was observed that a fire safety logbook had been established to record fire safety checks as recommended by the estates inspector. Staff demonstrated that they were aware of the action to take in the event of a fire.

Patient and staff views

Twenty-one patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

Comments provided included the following:

- "All staff very friendly and helpful."
- "Yes, make you feel at ease."

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

Comments provided included the following:

- "I do feel that our practice make sure our patients are well looked after and protected when they come in."
- "Yes, I feel that the practice has taken all the right measures to ensure that patients are safe and protected from harm whilst in the care of the practice and staff."
- "Absolutely."

Areas for improvement

Induction templates should be developed in relation to the specific roles and responsibilities of staff.

A system should be established to ensure that staff receive appraisal on an annual basis.

Evidence of the professional indemnity of the third staff member and the dental nurses should be submitted to RQIA.

A system should be established to ensure that the professional indemnity of all clinical staff is reviewed on the indemnity review date.

All relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained in respect of any new staff recruited.

Enhanced AccessNI disclosure certificates should be disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the assessment of the check.

Individual staff personnel files should be developed for the retention of records to include recruitment, appraisal and training records.

The safeguarding policy should be further developed.

An overarching policy for the management of medical emergencies should be developed.

The washer disinfector and steriliser must be validated and copies of the validation certificates submitted to RQIA. Arrangements should be established to ensure that decontamination equipment is validated on an annual basis in keeping with HTM 01-05.

Compliance with HTM 01-05 should be audited on a six monthly basis using the IPS audit tool. An action plan should be generated for any aspects of non-compliance.

The arrangements in relation to radiography and radiation protection must be reviewed.

Number of requirements	3	**Number of recommendations**	9

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 it was confirmed 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.

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. Information was available promoting oral health and hygiene and the practice takes part in national campaigns such as no smoking and cancer awareness. 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 review of complaints, accidents and incidents and patient satisfaction surveys. The implementation of x-ray and infection prevention and control and decontamination audits will enhance the quality assurance process.

Communication

Staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a quarterly basis to discuss clinical and practice management issues and minutes 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.

Patient and staff views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

The following comment was provided:
- "Yes always every time I attend for check-ups."

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. Staff spoken with during the inspection concurred with this.

Comments provided included the following:
- "Patients always get the right care when they attend our practice. We update medical history, we always check when best suits patients with appointments."
- "I feel that patients always get the best care provided by the practice, we have all the correct services to best suit patients and their needs. There is always an updated record of the patient which is clinically and medically updated regularly."
- "Very good."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

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.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured that 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, however, the last survey was completed in July 2015. A recommendation was made that patient satisfaction surveys should be undertaken at least on an annual basis.

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.

The following comment was provided:
- "Yes always very nice in the surgery and out at reception."

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. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

- "All our patients are treated with respect when they enter the surgery making sure everything they say is in complete confidence."
- "Patients that come into the practice are always treated with the utmost respect and dignity and importantly confidentiality. Everything is broken down and explained to the patient in the best manner to ensure they understand. Occasional surveys given to patients also help us to make sure we continue with professional and compassionate care."

Areas for improvement

Patient satisfaction surveys should be undertaken at least on an annual basis.

Number of requirements	0	Number of recommendations	1

4.6 Is the service well led?

Management and governance arrangements

Since the previous inspection, Mr McGuigan, registered person, has retired from the practice and he has incorporated the business. Mr McGuigan was not available during the inspection, however, during a previous telephone conversation with Mr McGuigan on 8 December 2016, it was confirmed that the practice had been incorporated. Mr McGuigan was informed at that time that, as this represents a new entity, a new application for registration must be submitted to RQIA. In addition, an application for registered manager should be submitted as outlined in The Independent Health Care Regulations (Northern Ireland) 2005. Application for registration has not yet been received by RQIA and a requirement was made in this regard. RQIA were not notified that a surgery had been relocated. It should be ensured that persons coming forward for registration under the new entity have a clear understanding of their role and responsibility in accordance with legislation.

As previously discussed Mr McGuigan has retired from the practice and is no longer in day to day control. Discussion with Ms Brown and Ms McGuigan identified a lack of clarity regarding who had overall responsibility for the day to day management of the practice, each stating the other was in charge. A recommendation was made to review the overall management structure of the practice and ensure staff are aware of who to speak to if they have a concern

Staff confirmed that there were good working relationships in the practice.

Policies and procedures were available for staff reference and Ms Brown confirmed these are reviewed at least every three years. Ms Brown agreed to ensure policies are re-organised and indexed to facilitate easier access by staff.

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 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.

Ms Brown 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. Implementation of the requirements and recommendations made under the safe and compassionate domains will further enhance the governance arrangements in the practice.

Discussion with staff confirmed that they were aware of who to contact if they had a concern; however, a whistleblowing/raising concerns policy was not available. A recommendation was made in this regard.

Ms Brown confirmed that the statement of purpose and patient guide are kept under review, revised and updated when necessary and available on request. These documents need to be reviewed to reflect the new entity arrangements.

Observation of insurance documentation confirmed that current employer's and public indemnity were in place.

Patient and staff views

All patients who submitted questionnaire responses indicated that they felt that the service is well managed.

The following comment was provided:

- "Yes the surgery has become a family practice, everyone so friendly."

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

- "We have regularly people coming into the practice to update our CPD with talks and medical procedures being done by Medicare every year."
- "We always have people coming into the practice to do talks etc so we are always learning. Everyone is aware of who to report to with any problems so I feel everything including the survey is very well led."

Areas for improvement

Application for registration with RQIA must be submitted under the new entity.

Review the overall management structure of the practice and ensure staff are aware of who to speak to if they have a concern

A whistleblowing/raising concerns policy should be developed.

Number of requirements	1	Number of recommendations	2

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Paula Brown, receptionist and dental nurse, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to independent.healthcare@rqia.org.uk for assessment by the inspector.

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

Quality Improvement Plan

Statutory requirements

Requirement 1 **Ref:** Regulation 19 (3) **Stated:** First time **To be completed by:** 18 May 2017	The registered provider must submit evidence of the professional indemnity of the identified third staff member and the dental nurses to RQIA. **Response by registered provider detailing the actions taken:** Awaiting application being processed with Dental Protection xtra.
Requirement 2 **Ref:** Regulation 15 (2) **Stated:** First time **To be completed by:** 18 May 2017	The registered provider must ensure that the washer disinfector and steriliser are validated and copies of the validation certificates submitted to RQIA. Arrangements should be established to ensure that decontamination equipment is validated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05. **Response by registered provider detailing the actions taken:** waiting on certificates being processed and posted
Requirement 3 **Ref:** Regulation 15 (1) **Stated:** First time **To be completed by:** 18 May 2017	The registered provider must ensure that the arrangements in relation to radiography and radiation protection are reviewed. The review should include the following: • as Mr McGuigan is identified as the radiation protection supervisor (RPS), however, he is no longer working in the practice, therefore a new RPS should be identified • any recommendations made by the radiation protection advisor (RPA) should be addressed. Records should be retained confirming each recommendation has been actioned • updated local rules should be displayed near each x-ray machine • staff should sign to confirm they have read the local rules and radiation protection folder • all clinical staff should be entitled and authorised by the RPS for their relevant duties • x-ray quality grading audits should be undertaken and recorded six monthly • x-ray justification and clinical evaluation recording audits should be undertaken and recorded on an annual basis • staff training records should be retained **Response by registered provider detailing the actions taken:** All above Completed.

Requirement 4 **Ref:** Regulation 13 The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 **Stated:** First time **To be completed by:** 18 May 2017	The registered provider must ensure that application for registration under the new entity is submitted to RQIA along with the associated fees. As the new ownership is a limited company, an application and the associated fee for registered manager must also be submitted.
	Response by registered provider detailing the actions taken: Have explained to emily about this - as mr McGuigan is very ill in hospital.
Recommendations	
Recommendation 1 **Ref:** Standard 11.3 **Stated:** First time **To be completed by:** 18 May 2017	Induction templates should be developed in relation to the specific roles and responsibilities of staff. Induction templates should include specific topics such as fire safety, safeguarding, management of a medical emergency and infection prevention and control as appropriate to the roles and responsibilities of staff.
	Response by registered provider detailing the actions taken: new templates for this have been drawn up.
Recommendation 2 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 20 June 2017	A system should be established to ensure that staff receive appraisal on an annual basis.
	Response by registered provider detailing the actions taken: mr McGuigan is very keen and happy to start giving staff appraisals.

Recommendation 3 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 20 April 2017	A system should be established to ensure that the professional indemnity of all clinical staff is reviewed on the indemnity review date. **Response by registered provider detailing the actions taken:** Please see requirement 1.
Recommendation 4 **Ref:** Standard 11.2 **Stated:** First time **To be completed by:** 20 March 2017	All relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained in respect of any new staff recruited. This should include the following: • two written references, one of which should be from the current/most recent employer • criminal conviction declaration • confirmation that the person is physically and mentally fit to fulfil their duties **Response by registered provider detailing the actions taken:** I have already forwarded these to Emily.
Recommendation 5 **Ref:** Standard 11.2 **Stated:** First time **To be completed by:** 20 March 2017	Enhanced AccessNI disclosure certificates should be disposed of in keeping with AccessNI's code of practice and a record retained of the date the check was applied for, the date the check was received, the unique identification number and the outcome of the assessment of the check. **Response by registered provider detailing the actions taken:** In future the certificates will be disposed of but we will keep a record.
Recommendation 6 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 20 June 2017	Individual staff personnel files should be developed for the retention of records to include recruitment, appraisal and training records. These should be available in the practice for inspection. **Response by registered provider detailing the actions taken:** The folders are being changed and we will be keeping records of recruitment, appraisal and training in future.

Recommendation 7 **Ref:** Standard 15.3 **Stated:** First time **To be completed by:** 20 June 2017	The safeguarding policy should be further developed to ensure it is reflective of the regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) and Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016). The policy for safeguarding children and protection of adults at risk of harm should include the types and indicators of abuse, the name of the safeguarding lead and distinct referral pathways, including contact numbers, in the event of a safeguarding issue arising with a child or adult at risk of harm.
	Response by registered provider detailing the actions taken: we have updated the Safe-guarding policy.
Recommendation 8 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 20 June 2017	An overarching policy for the management of medical emergencies should be developed. The following information should be included in the policy: • training • a list of equipment and emergency medication provided • checking procedures • how to summons help • documentation of any incidents • staff debriefing post incident
	Response by registered provider detailing the actions taken: This has all been complete.
Recommendation 9 **Ref:** Standard 13.2 **Stated:** First time **To be completed by:** 20 June 2017	Compliance with HTM 01-05 should be audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool. An action plan should be generated for any aspects of non-compliance.
	Response by registered provider detailing the actions taken: Maria is looking after this and it has been started. It will be done every 6 months.
Recommendation 10 **Ref:** Standard 9 **Stated:** First time **To be completed by:** 20 June 2017	Patient satisfaction surveys should be undertaken at least on an annual basis.
	Response by registered provider detailing the actions taken: we will still continue to do this but on a more regular basis. (every year)

Recommendation 11 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 27 March 2017	Review the overall management structure of the practice and ensure staff are aware of who to speak to if they have a concern.
	Response by registered provider detailing the actions taken: All Staff are aware of who they have to Speak to regarding any issues or concerns. It has been made clear to speak to paula.
Recommendation 12 **Ref:** Standard 11.5 **Stated:** First time **To be completed by:** 20 June 2017	A whistleblowing/raising concerns policy should be developed.
	Response by registered provider detailing the actions taken: A new whistleblowing policy has been drawn up and is available in the Surgery.

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