The Regulation and Quality Improvement Authority

Announced Care Inspection Report
31 October 2017

Gransha Surgery LLP

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

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

1.0 What we look for

2.0 Profile of service

This is a registered dental practice with three registered places.

3.0 Service details

Organisation/Registered Provider: Gransha Surgery LLP **Responsible Individual(s):** Mr Peter McGuigan	**Registered Manager:** Ms Paula Brown
Person in charge at the time of inspection: Ms Paula Brown	**Date manager registered:** 06 November 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

The practice was initially registered with RQIA as Gransha Dental Surgery on 16 July 2012. During the previous inspection RQIA were informed that the entity operating the practice had changed to become a limited liability partnership known as Gransha Surgery LLP. Mr McGuigan was advised to submit an application for registration under the new entity. An application for registration was submitted on 26 July 2017 and was approved on 6 November 2017. A new certificate of registration confirming this change was issued by RQIA.

4.0 Inspection summary

An announced inspection took place on 31 October 2017 from 09.45 to 13.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of recruitment, safeguarding, the management of medical emergencies and the environment. Other examples included health promotion and engagement to enhance the patients' experience.

Two areas for improvement under the regulations have been identified. One of these was in relation to radiology that had been identified during the previous inspection and had not been fully addressed and one was in relation to ensuring that all clinical staff have the appropriate professional indemnity insurance cover.

Three areas for improvement under the standards were identified. These were in relation to ensuring that separate logbooks are established for each piece of equipment associated in the decontamination process, the completion of Infection Prevention Society (IPS) audits and the development of an incident policy and procedure.

Patients who submitted questionnaire responses to RQIA indicated they were very satisfied or satisfied with all aspects of care in the practice.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Peter McGuigan registered person and Ms Paula Brown, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 20 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 March 2017.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

During the inspection the inspector met with Mr McGuigan registered person, Ms Brown, registered manager, a dental nurse and the receptionist. A tour of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 March 2017.

The most recent inspection of the practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 20 March 2017.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Requirement 1 **Ref:** Regulation 19 (3) **Stated:** First time	The registered provider must submit evidence of the professional indemnity of the identified third staff member and the dental nurses to RQIA.	**Met**

	Action taken as confirmed during the inspection: Following the previous inspection evidence of the professional indemnity in respect of Mr McGuigan was submitted to RQIA that included indemnity cover for the dental nurses. However, prior to this inspection further issues were identified in relation to the professional indemnity of staff working in the practice and this is discussed further in section 6.4 of the report. A separate area for improvement under the regulations has been made in this regard.	
Requirement 2 **Ref:** Regulation 15 (2) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: A review of records confirmed that the washer disinfector and steriliser were validated during October 2017 and copies of the validation certificates were available to review. Ms Brown confirmed that arrangements have been established to ensure that decontamination equipment is validated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05.	

<table>
<tr>
<td rowspan="2">Requirement 3

Ref: Regulation 15 (1)

Stated: First time</td>
<td>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</td>
<td rowspan="2">Partially Met</td>
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<tr>
<td>Action taken as confirmed during the inspection:
A review of records and discussion with staff confirmed that the arrangements in relation to radiography and radiation protection have been reviewed.

Mr McGuigan is no longer identified as the RPS and a new RPS has been identified.

Updated local rules were displayed near each x-ray machine and staff had signed to confirm they had read the local rules and radiation protection folder.

All clinical staff have been entitled and authorised by the RPS for their relevant duties.

X-ray quality grading audits have been undertaken and recorded six monthly and x-</td>
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	ray justification and clinical evaluation recording audits have been undertaken and recorded on an annual basis. All recommendations made by the RPA have been addressed with the exception of the provision of staff training. This is discussed further in section 6.4 of the report. This area for improvement has not been fully addressed and the unaddressed component has been stated for a second time.	
Requirement 4 **Ref:** Regulation 13 The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: On 27 July 2017 RQIA received an application from Mr McGuigan to register as a new business entity, Gransha Surgery LLP. An application was also submitted in respect of Ms Paula Brown as the registered manager. The application for registration under the new entity and to appoint Ms Paula Brown as registered manager was approved following this inspection on 06 November 2017.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Recommendation 1 **Ref:** Standard 11.3 **Stated:** First time	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.	**Met**

	Action taken as confirmed during the inspection: A review of documentation confirmed that induction templates have been developed in relation to the specific roles and responsibilities of staff. The induction templates 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.	
Recommendation 2 **Ref:** Standard 11 **Stated:** First time	A system should be established to ensure that staff receive appraisal on an annual basis.	**Met**
	Action taken as confirmed during the inspection: A review of staff files evidenced that a system has been established to ensure that staff receive appraisal on an annual basis.	

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

Three dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

No new staff have been recruited since the previous care inspection, however, as discussed induction programme templates were in place relevant to specific roles within the practice.

As discussed 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 staff files 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 all clinical staff.

As previously discussed during July 2017 RQIA received a copy of Mr McGuigan's professional indemnity insurance. A review of this certificate identified that the indemnity cover expired during August 2017. Mr McGuigan was requested by RQIA to provide evidence of current indemnity insurance cover. This information was not submitted to RQIA in a timely manner and subsequently RQIA contacted the practice on a number of occasions requesting confirmation of current indemnity cover. On 13 October 2017 Mr McGuigan confirmed to RQIA that he had not renewed his indemnity insurance as he was no longer undertaking clinical work. As the dental nurses had previously been covered under Mr McGuigan's professional indemnity insurance clarification was sought about their current indemnity cover. Mr McGuigan agreed to provide this to RQIA. Again, this information was not received in a timely manner and subsequently RQIA were in contact with the practice on a regular basis in an attempt to gain assurances of the dental nurses' professional indemnity cover.

On 25 October 2017, RQIA received evidence that the three associate dentists had the appropriate indemnity cover in place. However, there was no evidence that the dental nurses had appropriate indemnity cover.

During the inspection on 31 October 2017 Mr McGuigan confirmed that he had applied for the indemnity insurance cover for all of the dental nurses and gave assurances that all clinical staff had their own professional indemnity insurance cover. Following the inspection RQIA received evidence that the indemnity cover was in place for all clinical staff working in the practice.

An area for improvement under the regulations has been made to implement robust systems to ensure that all clinical staff have the appropriate professional indemnity insurance cover at all times.

Recruitment and selection

A review of the submitted staffing information and discussion with Ms Brown confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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 in January 2017 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 not yet completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). It was advised that all safeguarding training undertaken should be in keeping with the NIASP training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

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

Management of medical emergencies

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

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

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment. The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. 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.

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector and a steam steriliser had been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. Periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices but are kept in separate sheets. It was advised that separate logbooks should be established for each piece of equipment associated in the decontamination process. The logbooks should contain the following information:

- details of the machine and location
- commissioning report
- daily/weekly test record sheets
- quarterly test record sheets
- annual service/validation certification
- fault history
- process log
- records to show staff have been trained in the correct use of the machine
- relevant contacts e.g. service engineer

An area for improvement under the standards has been made to address this issue.

The practice last audited compliance with HTM 01-05 using the IPS audit tool in January 2017. It was advised that IPS audits should be completed every six months in keeping with HTM 01-05. An area for improvement under the standards has been made to address this issue.

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

Radiography

The practice has three surgeries, each of which has an intra-oral x-ray machine. 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. The RPA completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA in April 2017 demonstrated that a recommendation made in relation to staff training has yet to be addressed. This issue was identified during the previous inspection and as discussed an area for improvement under the regulations has been made for a second time to address this issue.

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

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 x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions and 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 were in place for maintaining the environment. The gas heating system was serviced in March 2017 fire detection systems and fire-fighting equipment were serviced in February 2017 and portable appliances were tested in November 2016.

A legionella risk assessment was reviewed and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and a fire safety logbook has been established to record fire safety checks. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels was completed in October 2017.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Five patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Three patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. No comments were included in submitted questionnaire responses.

Six staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Three staff indicated they were very satisfied with this aspect of care and three 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 staff recruitment, induction, appraisal, the management of medical emergencies and the environment.

Areas for improvement

The arrangements in relation to radiography and radiation protection should be reviewed and any recommendations made by the RPA should be addressed. Records should be retained confirming each recommendation has been actioned and staff training records should be retained.

Implement robust systems to ensure that all clinical staff have the appropriate professional indemnity insurance cover at all times.

Separate logbooks should be established for each piece of equipment associated in the decontamination process.

IPS audits should be completed every six months in keeping with HTM 01-05

	Regulations	Standards
Total number of areas for improvement	2	2

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 McGuigan 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. A range of health promotion information leaflets was available in the reception area. Mr McGuigan 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:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- patient satisfaction
- review of complaints/accidents/incidents

As previously discussed IPS audits should be completed every six months in keeping with HTM 01-05.

Communication

Mr McGuigan 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. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

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

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

Patient and staff views

All of the 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 indicated that they were very satisfied with this aspect of care and four indicated they were satisfied. No comments were included in submitted questionnaire responses.

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. Three staff indicated they were very satisfied with this aspect of care and three 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 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 undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, 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 of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. One patient indicated that they were very satisfied with this aspect of care and four indicated they were satisfied. No comments were included in submitted questionnaire responses.

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. Three staff indicated they were very satisfied with this aspect of care and three 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.

The practice was initially registered with RQIA as Gransha Dental Surgery on 16 July 2012. During the previous inspection it was identified that the entity operating the practice had changed to become a limited liability partnership known as Gransha Surgery LLP. Mr McGuigan was advised to submit an application for registration under the new entity. An application for registration was submitted on 26 July 2017 and was approved by RQIA on 6 November 2017.

Ms Brown has been appointed as the new registered manager and is the nominated individual with 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 a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed at reception. 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 2016 to 31 March 2017.

A policy to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate was not available to review on the day of the inspection. An area for improvement under the standards has been made to address this issue.

A system was 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.

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 McGuigan and Ms Brown demonstrated an understanding of their roles and responsibilities 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.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they felt that the service is well led. Two patients indicated they were very satisfied with this aspect of the service and three indicated they were satisfied. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that the service is well led. Three staff indicated they were very satisfied with this aspect of the service and three 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 management of complaints, quality improvement and maintaining good working relationships.

Areas for improvement

Develop an incident policy and procedure which includes reporting arrangements to RQIA and other relevant bodies.

	Regulations	Standards
Total number of areas for improvement	0	1

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 McGuigan, registered person and Ms Brown, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 15.1 **Stated:** Second time **To be completed by:** 31 December 2017	The registered provider must ensure that the arrangements in relation to radiography and radiation protection are reviewed. The review should include the following: • any recommendations made by the radiation protection advisor (RPA) should be addressed. Records should be retained confirming each recommendation has been actioned • staff training records should be retained Ref: Section 6.2 and 6.4
	Response by registered person detailing the actions taken: the above is being carried out and we are waiting on a date for staff training on xrays
Area for improvement 2 **Ref:** Regulation 19 (3) **Stated:** First time **To be completed by:** 31 October 2017	The registered person shall implement robust systems to ensure that all clinical staff have the appropriate professional indemnity insurance cover at all times. Ref: Section 6.2 and 6.4
	Response by registered person detailing the actions taken: the indemity was all sorted out and sent to yourselves for proof

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 31 December 2017	The registered person shall ensure that separate logbooks are established for each piece of equipment associated in the decontamination process. The logbooks should contain the following information: • details of the machine and location • commissioning report • daily/weekly test record sheets • quarterly test record sheets • annual service/validation certification • fault history • process log • records to show staff have been trained in the correct use of the machine • relevant contacts e.g. service engineer Ref: Section. 6.4
	Response by registered person detailing the actions taken: maria is sorting the stuff that needed done in the decom room at the minute
Area for improvement 2 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 31 December 2017	The registered person shall ensure that the practice is compliant with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. IPS audits are to be completed every six months. Ref: Section 6.4
	Response by registered person detailing the actions taken: the audits have been started and will be carried out every 6 months
Area for improvement 3 **Ref**: Standard 14.7 **Stated:** First time **To be completed by:** 31 December 2017	The registered person shall develop an incident policy and procedure which includes reporting arrangements to RQIA and other relevant bodies. Ref: Section 6.7
	Response by registered person detailing the actions taken: the policy and procedure has been written out and kept in our files

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

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Assurance, Challenge and Improvement in Health and Social Care