

Announced Care Inspection Report 16 February 2017



Green and Montgomery Dental Surgery

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

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1.0 Summary

An announced inspection of Green and Montgomery Dental Surgery took place on 16 February 2017 from 09:30 to 14:15 hours.

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 Mr Montgomery, registered person 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. A recommendation made during the previous care inspection in regards to recruitment and selection has not been addressed and a requirement has been made. Four recommendations have been made in relation to safeguarding training, radiology, the environment, fire drills and fire training.

Is care effective?

Observations made, review of documentation and discussion with Mr Montgomery and staff demonstrated that with the exception of the storage of manual patient records, 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. A recommendation has been made in relation to the storage of patient records.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Montgomery and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Given the issues identified in relation to recruitment and selection, safeguarding training, radiology, the environment, fire safety and the storage of patient records, further development is needed to ensure that effective leadership and governance arrangements are in place. 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. A recommendation has been made to review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

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	1	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr David Montgomery, registered person, 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 27 November 2015.

2.0 Service details

Registered organisation/registered person: Mr David Montgomery	Registered manager: Mr David Montgomery
Person in charge of the practice at the time of inspection: Mr David Montgomery	Date manager registered: 26 April 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 Mr Montgomery, registered person, two dental nurses, the hygienist and the receptionist. 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 27 November 2015

The most recent inspection of Green and Montgomery Dental Surgery was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 27 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.4 Stated: First time	It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date of 18 months from the date of receipt should be recorded on the medication packaging and the expiry date checklist to show that the cold chain has been broken. If stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.	Met
	Action taken as confirmed during the inspection: Glucagon medication was stored at room temperature and the expiry date had been revised .	

Recommendation 2 Ref: Standard 12.4 Stated: First time	It is recommended that a system is in place to ensure that emergency equipment is checked and does not exceed the expiry date.	Met
	Action taken as confirmed during the inspection: A system was in place to ensure that emergency equipment was checked and did not exceed the expiry date.	
Recommendation 3 Ref: Standard 12.1 Stated: First time	It is recommended that a policy for the management of medical emergencies is developed in line with legislative and best practice guidance.	Met
	Action taken as confirmed during the inspection: A policy for the management of medical emergencies was developed in line with legislative and best practice guidance.	
Recommendation 4 Ref: Standard 11.1 Stated: First time	It is recommended that a recruitment policy is developed in line with legislative and best practice guidance.	Met
	Action taken as confirmed during the inspection: Review of the recruitment policy indicated that it required further development. Mr Montgomery submitted a revised policy to RQIA on 28 February 2017 which reflected legislative and best practice guidance.	
Recommendation 5 Ref: Standard 11.1 Stated: First time	It is recommended that staff personnel files for newly recruited staff, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity including a recent photograph is to be added to the identified staff personnel file.	Not Met
	Action taken as confirmed during the inspection: A review of the personnel files for two newly recruited staff demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.	

	<p>Proof of identity including a recent photograph was not added to the staff personnel file previously identified.</p> <p>This recommendation has not been addressed and a requirement has been made.</p>	
<p>Recommendation 6</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p>	<p>It is recommended that a record of induction and copies of job descriptions are retained for each staff member.</p> <p>Action taken as confirmed during the inspection: Two staff files were reviewed and a record of induction and copies of job descriptions were retained for each staff member.</p>	Met
<p>Recommendation 7</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement.</p> <p>Records of contracts/agreements should be retained in the personnel files of any new staff recruited.</p> <p>Action taken as confirmed during the inspection: A review of two staff personnel files and discussion with Mr Montgomery confirmed that staff who work in the practice, including self-employed staff were provided with a contract/agreement.</p>	Met

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.

Induction programme templates were in place relevant to specific roles and responsibilities. A review of two personnel files evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development.

A review of 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 Montgomery confirmed that two staff had been recruited since the previous inspection. As previously discussed a review of the personnel files for these staff demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. The following was noted in the personnel files reviewed:

- evidence that an enhanced AccessNI check is received prior to commencement of employment
- one written reference for one staff member
- details of full employment history for one staff member
- evidence of qualifications
- evidence of current GDC registration
- confirmation that the person is physically and mentally fit to fulfil their duties
- evidence of professional indemnity insurance, where applicable.

The personnel files did not contain positive proof of identity or a criminal conviction declaration. Details that a full employment history had not been sought for one member of staff. Mr Montgomery advised that he had checked photographic ID, however had not retained a copy of this information apart from one staff member's passport number. One of the files contained only one reference and the other file did not contain any references. As previously discussed the recommendation made during the previous inspection in relation to personnel files has not been addressed therefore a requirement has been made. Mr Montgomery was advised that staff personnel files must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

There was a recruitment policy and procedure available. As previously discussed review of the recruitment policy indicated that it required further development. Following the inspection, Mr Montgomery submitted a revised policy to RQIA on 28 February 2017 which reflected legislative and best practice guidance.

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. A review of records demonstrated that it had been more than two years since staff had received training in safeguarding children and adults. This is not in keeping with the Minimum Standards for Dental Care and Treatment 2011. A recommendation has been made. Mr Montgomery advised that safeguarding training has been arranged to take place in May 2017.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policy included the types and indicators of abuse and 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. The updated contact details for the Adult Protection Gateway Service at the local Health and Social Care Trust was provided during the inspection.

Mr Montgomery confirmed that all staff were aware of the regional guidance entitled "Adult Safeguarding: Prevention and Protection in Partnership" issued in July 2015. The guidance document entitled "Co-operating to Safeguard Children and Young People in Northern Ireland" issued in March 2016 and the new Adult Safeguarding Operational Procedures for adults at risk of harm and adults in need of protection issued in September 2016 were also discussed. Mr Montgomery has agreed to review and revise the safeguarding policies to reflect the new regional guidance / procedures.

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.

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 uniform policy.

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

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

Radiography

The practice has three surgeries, two of which have an intra-oral x-ray machine. A copy of the local rules was on display near each x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the radiation protection file evidenced that one member of staff had not been authorised by the radiation protection supervisor (RPS) for their relevant duties or received training in relation to these duties. Also not all staff had signed to confirm that they had read and understood the local rules. A recommendation has been made in this regard.

It was evidenced that measures were taken to optimise dose exposure including the use of x-ray audits, however rectangular collimation was missing from one x-ray machine on the day of inspection. Mr Montgomery provided confirmation with RQIA on 22 February 2017 that the collimator in surgery 2 was in place.

The radiation protection advisor (RPA) completes a quality assurance check every three years. The most recent visit by the RPA took place on 7 December 2014. Mr Montgomery confirmed that the recommendations made by the RPA had been addressed.

Mr Montgomery advised that a recent service of x-ray equipment had not taken place. Following the inspection, confirmation was received from Mr Montgomery that the x-ray equipment was serviced on 21 February 2017.

Environment

The environment was maintained to a good standard of maintenance and décor. The floor covering in the visitors' toilet was damaged and the hot water tap was out of order. Mr Montgomery advised that plans were made to replace the floor covering in the visitors' toilet. A recommendation has been made to address these issues identified.

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

Mr Montgomery confirmed that arrangements were in place for maintaining the environment. A review of records confirmed that the gas boiler was serviced on 17 February 2016 and a legionella risk assessment was undertaken on 20 December 2016.

Firefighting equipment was checked on 27 October 2016 and Mr Montgomery advised that a fire risk assessment was undertaken in December 2016. Fire training and fire drills had not taken place with staff since 2012. A recommendation has been made.

Patient and staff views

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

Comments provided included the following:

- “Very safe.”
- “Everyone is always very helpful and friendly. The care and treatment are good.”
- “A very professional firm, standards are high.”
- “Definitely feel am in good hands. Sensitive and well trained at all levels.”

Nine 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. No comments were included in submitted questionnaire responses.

Areas for improvement

Staff personnel files for newly recruited staff, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity including a recent photograph is to be added to the identified staff personnel files.

Refresher safeguarding training to include adults and children should be provided as outlined in the Minimum Standards for Dental Care and Treatment (2011).

All relevant staff should be authorised by the RPS for their relevant duties and should receive training in relation to these duties. A record should be retained in the radiation protection file. The local rules should be signed to confirm that all appropriate staff have read and understood them.

Repair or replace the floor covering and the hot water tap in the visitor’s toilet.

Refresher fire safety training and fire drills should be undertaken annually.

Number of requirements	1	Number of recommendations	4
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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. An issue was identified during the inspection regarding open access storage of patient records. This was discussed with Mr Montgomery and a recommendation was made that appropriate systems and processes are put in place for the storage of manual records 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 employs a dental hygienist and has a strategy for the promotion of oral health and hygiene. There was a range of health promotion information leaflets available in the reception area. 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:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records
- peer review with another dental practice

Communication

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

Staff meetings are held on a regular 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 in house training sessions.

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

Mr Montgomery confirmed that 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.

Comments provided included the following:

- "First rate dental practice."
- "Has kept my teeth going for 50 years despite the challenges of previous neglect."

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. No comments were included in submitted questionnaire responses.

Areas for improvement

Ensure that appropriate systems and processes are put in place for the storage of manual records in keeping with legislation and best practice guidance.

Number of requirements	0	Number of recommendations	1
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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.

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. Mr Montgomery advised that the most recent patient satisfaction took place in June 2016 and that patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

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.

Comments provided included the following:

- "My family has used out of hours service, specialist referrals and hygienist. All helpful additions."
- "Very compassionate, very professional."
- "Caring, considerate and empathetic"
- "Always a very good service provided."
- "David Montgomery is not only a first class dentist, but his caring approach to his patients makes a huge difference, all of the receptionists in Green and Montgomery share David's ethos. There is a warmth which comes across even on the phone and also when one comes through the door of the surgery. Well done, congratulations to the team."

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. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Management and governance arrangements

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

Policies and procedures were available for staff reference. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

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

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

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

The registered provider demonstrated a clear understanding of their role 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 displayed in the practice. The practice was registered with RQIA on 26 April 2012. The ownership of the practice has since changed and an application for registration for Mr Montgomery to register as a sole person in respect of David Montgomery Dental Surgery was submitted to RQIA following the inspection.

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

Evidence gathered during the inspection has identified a number of issues which could affect the delivery of safe and effective care, all of which have an impact on quality assurance and good governance. One requirement and five recommendations have been made in order to progress improvement in the identified areas. There has been a lack of governance arrangements within the practice and the requirement and recommendations made during this inspection must be actioned to ensure improvements are made. It is important these are kept under review to ensure improvements are sustained. Therefore, an additional recommendation has made to review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Patient and staff views

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

Comments provided included the following:

- “David Montgomery leads by example, he sets the standards and the firm that he has built up is a tribute to the way he deals with people.”
- “I am always informed of anything relevant.”
- “Excellent service.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

Review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr David Montgomery, registered person, 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 via web portal 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 (2) schedule 2

Stated: First time

To be completed by:
16 February 2017

The registered person must ensure that all staff personnel files for newly recruited staff, including self-employed staff contains all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

In addition proof of identity including a recent photograph is to be added to the identified staff personnel files.

Response by registered provider detailing the actions taken:

All new staff in future will have information as specified above. Photographic id will be added to two most recently recruited staff. It was assumed that as such id was provided and certified for Enhanced Disclosure checks that identity had been established and recorded.

Recommendations

Recommendation 1

Ref: Standard 15.3

Stated: First time

To be completed by:
30 May 2017

Refresher training in safeguarding adults at risk of harm and safeguarding children should be provided to all staff as outlined in the Minimum Standards for Dental Care and Treatment (2011).

The new regional guidance for adults and children should be included in the refresher training.

Response by registered provider detailing the actions taken:

Refresher training as above in addition to that already done after details of new guidelines incorporated into revised policy.

Recommendation 2

Ref: Standard 8.3

Stated: First time

To be completed by:
31 March 2017

All relevant staff should be authorised by the RPS for their relevant duties and should receive training in relation to these duties.

A record should be retained in the radiation protection file.

The local rules should be signed to confirm that all appropriate staff have read and understood these.

Response by registered provider detailing the actions taken:

Staff already authorised for relevant duties. This will be recorded in more detail in RPF. Confirmation of reading/understanding of local rules will be recorded centrally in RPF.

Recommendation 3 Ref: Standard 14 Stated: First time To be completed by: 31 March 2017	Repair or replace the floor covering and the hot water tap in the visitors' toilet. Response by registered provider detailing the actions taken: Repair of floor and replacement of covering as part of general maintenance/upgrades.Repair of Hot water tap will be included.
Recommendation 4 Ref: Standard 12.5 Stated: First time To be completed by: 31 March 2017	Refresher fire safety training and fire drills should be undertaken annually. Response by registered provider detailing the actions taken: Drills/training to be recorded in fire system log.
Recommendation 5 Ref: Standard 10 Stated: First time To be completed by: 31 March 2017	Ensure that appropriate systems and processes are put in place for the storage of manual records in keeping with legislation and best practice guidance. Response by registered provider detailing the actions taken: Manual records stored to exclude access by unauthorised persons in area with no public access. Gradual change to paper free records underway.Computer records password protected.
Recommendation 6 Ref: Standard 8 Stated: First time To be completed by: 30 April 2017	Review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation. Response by registered provider detailing the actions taken: Best practice governance system with external assessment used.General arrangements will be monitored internally and continuously with a view to constant improvement.



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