The Regulation and Quality Improvement Authority

Announced Care Inspection Report
11 August 2016

Grosvenor Road Dental Practice

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: 279 Grosvenor Road, Belfast, BT12 4LL
Tel No: 028 9043 8395
Inspector: Emily Campbell

1.0 Summary

An announced inspection of Grosvenor Road Dental Practice took place on 11 August 2016 from 15.10 to 17.10. This practice was bought over by Portman Healthcare Limited and was registered under this entity with the Regulation and Quality Improvement Authority (RQIA) on 19 October 2015. At this time, the registration of Mr Mark Hamburger as the registered person was approved. Mrs Lynn Stinson remained as the registered manager.

The inspection sought to assess progress with any issues raised during and since the pre-registration care inspection and to determine if the dental 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 Orla Fisher, practice manager, Ms Ali Rae, Portman Healthcare compliance manager, and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One requirement was made in relation to obtaining enhanced AccessNI checks prior to staff commencing work in the practice. Five recommendations were made in relation to recruitment and selection checks, further development of the induction programme, periodic testing of decontamination equipment, further development of the decontamination policy and addressing recommendations made by the radiation protection advisor (RPA).

Is care effective?

Observations made, review of documentation and discussion with Ms Fisher 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. There is a strong focus placed on auditing within the corporate audit programme and each practice is required to complete audits on specific topics every other month. No requirements or recommendations have been made.

Is care compassionate?

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

Is the service well led?

Information gathered during the inspection evidenced that in general there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. A recommendation was made that formal arrangements should be implemented regarding the registered person review of the quality of services.

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 Ms Orla Fisher, practice manager and Ms Ali Rae, Portman Healthcare compliance manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered provider: Portman Healthcare Limited Mr Mark Hamburger	**Registered manager:** Mrs Lynn Stinson
Person in charge of the service at the time of inspection: Ms Orla Fisher	**Date manager registered:** 07 March 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 retumed completed patient and staff questionnaires.

During the inspection the inspector met with Ms Orla Fisher, practice manager, Mr Pearse Stinson, registered manager Beechview Dental Practice and Portman Healthcare representative, Ms Ali Rae, Portman Healthcare compliance manager, two associate dentists, two dental nurses and a trainee dental nurse. A tour of the premises was also undertaken.

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

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 October 2015

The most recent inspections of the establishment were announced pre-registration care and estates inspections which were both undertaken on 19 October 2015. The completed QIPs were returned and approved by the care and estates inspectors.

4.2 Review of requirements and recommendations from the last care inspection dated 19 October 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 15 (3) **Stated:** First time	Consideration should be given to decommissioning the non-vacuum steriliser and using the second vacuum steriliser which is not routinely used instead, until such time as the printer facility is repaired. The printer facility for the non-vacuum steriliser should be repaired. In the interim, if the non-vacuum steriliser is to be continued to be used a manual automatic control test (ACT) should be undertaken and recorded in respect of each cycle of the steriliser to ensure there are records of the cycle parameters of every cycle of the machine. This information must be retained for at least two years. The manual ACT of the first cycle of each day should be recorded in the non-vacuum steriliser logbook.	**Met**
	Action taken as confirmed during the inspection: Ms Fisher confirmed that the non-vacuum steriliser was not used until a data logger was installed. The data logger replaced the paper printer facility. Ms Fisher confirmed that the data logger information is downloaded on a weekly basis. Recording of the manual ACT in the logbook was not required as the non-vacuum steriliser had been taken out of commission until the data logger was installed. This requirement has been addressed, however, review of the non-vacuum steriliser logbook identified that the ACT is not currently being recorded. This matter Is discussed further in section 4.3 of the report.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 8 **Stated:** First time	It is recommended that the following corporate policies are prioritised for review as discussed within the body of the report and to ensure they reflect local and Northern Ireland arrangements: • Safeguarding children and vulnerable adults • Records management – to include details of the retention schedule • Health and Safety • Complaints • Infection prevention and control and decontamination; and • Management of a medical emergency.	**Met**
	Action taken as confirmed during the inspection: Review of documentation confirmed that the policies indicated had been reviewed and updated. The following policies needed further development; safeguarding adults at risk of harm, patient complaints procedure, management of a medical emergency and the decontamination aspect of infection prevention and control. A safeguarding adults at risk of harm policy was emailed to RQIA on 17 August 2016 which reflected the new regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015). This policy replaced the safeguarding vulnerable adults policy. Minor amendments were suggested in respect of the new policy. Minor amendments were also made to the management of a medical emergency policy and the patient complaints procedure which were received by RQIA shortly following the inspection. These had been appropriately revised. The decontamination aspect of infection prevention and control and decontamination policy needs further development to specify that a washer disinfector must be used within the decontamination process. A recommendation was made in this regard. Ms Rae advised that Portman Healthcare are continuing to review and update policies to reflect local and Northern Ireland arrangements.	

Recommendation 2 **Ref:** Standard 12.4 **Stated:** First time	It is recommended that in relation to the management of a medical emergency: • adult automated external defibrillator (AED) pads are replaced and included in the emergency equipment checking procedure; • the availability of AED pads suitable for use with children should be reviewed and arrangements included in the appropriate procedure; • a child self-inflating bag with reservoir should be provided; • as the cold chain has been broken, a revised expiry date of 18 months from the date of receipt of the Glucagon medication should be identified on the medication and the checking record. If the date of receipt of the medication cannot be determined the Glucagon should be replaced; and • if future doses of Glucagon are to be retained in the fridge, robust measures should be implemented to address fridge temperature deviations between the recommended 2 and 8 degrees centigrade.	**Met**
	Action taken as confirmed during the inspection: Observations made confirmed that the adult AED pads were in date and included in the checking procedure. AED pads suitable for use with children have not been provided, however, staff have been advised, by the Portman Healthcare health and safety manager, that the adult pads provided can be used with children and this is also reflected in the associated written protocol. The Glucagon medication had a revised expiry date recorded on the medicine packaging and emergency drug checklist.	

Recommendation 3 **Ref**: Standard 8.3 **Stated:** First time	It is recommended that: • x-ray quality audits are undertaken six monthly and • x-ray justification and clinical evaluation recording audits are undertaken annually.	**Met**
	Action taken as confirmed during the inspection: Review of the radiation protection file confirmed that x-ray quality audits had been undertaken and a justification and clinical evaluation recording audit is currently being completed.	

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 and a review is carried out following the three month probationary period. A sample of one evidenced that induction programmes had been completed when new staff joined the practice and the three month review had been documented.

Corporate procedures were in place for appraising staff performance on an annual basis with a six month review. Ms Fisher advised that dental nursing and reception staff have received appraisal and arrangements were being established for this to be undertaken in respect of the practice manager and associate dentists. Dental nurses spoken with confirmed that appraisals had taken place and a review of a sample of four appraisal records evidenced this. Staff confirmed that they felt supported and involved in discussions about their personal development.

There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. A corporate training portal facilitates mandatory training. Three dental nurses have completed a recognised training course in intravenous sedation dental nursing and one dental nurse will be starting this course in September 2016.

A review of records confirmed that a robust corporate 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 Ms Fisher confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that not all of the relevant information as outlined in Regulation 19(2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. The following was noted:

- a criminal conviction declaration had not been completed
- no written references were available, although Ms Fisher confirmed these had been obtained
- details of the full employment history had not been obtained and just made reference to the most recent experience.

A recommendation was made that a criminal conviction declaration, two written references and full employment history is obtained and retained in personnel files of any staff recruited in the future. The application form did not facilitate the completion of a full employment history. A revised application form was submitted to RQIA on 15 August 2016 addressing this matter.

An enhanced AccessNI check had been undertaken in respect of the new staff member, however, this was not received until after the commencement of employment. It was stressed that enhanced AccessNI checks must be obtained prior to any new staff commencing employment and a requirement was made in this regard.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received refresher training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Staff confirmed that safeguarding was included within their induction, however, this was not recorded in induction templates as a specific topic to be covered. A recommendation was made in this regard.

Policies and procedures were in place for the safeguarding and protection of adults and children. As discussed previously, a safeguarding adults at risk of harm policy was emailed to RQIA on 17 August 2016 which reflected the new regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015). This policy replaced the safeguarding vulnerable adults policy. Minor amendments were suggested in respect of the new policy. Ms Fisher confirmed the new guidance would be shared with staff at the next staff meeting.

Safeguarding 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.

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. The format of buccal Midazolam retained was not in keeping with the Health and Social care Board (HSCB) guidance. Ms Fisher confirmed that when the buccal Midazolam expires at the end of August 2016 it will be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance. The doses that should be available for administration to the various age groups was discussed. 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.

As discussed previously, minor amendments were made to the policy for the management of medical emergencies. The revised policy which was received by RQIA on 12 August 2016 reflected best practice guidance.

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 and hand hygiene policies.

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector and three steam sterilisers have been provided to meet the practice requirements. The illuminated magnification device for the inspection of instruments following disinfection and prior to sterilisation was broken, however, documentary evidence that a new light had been ordered was provided.

A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that in general periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

The daily ACT was not recorded in each steriliser logbook and although Ms Fisher confirmed it is done, the three monthly soil test for the washer disinfector was not consistently recorded. A recommendation was made in this regard.

The practice has recently obtained a NSK iCare Handpiece Cleaner. The inspector was informed this machine is specifically designed to clean and disinfect dental handpieces omitting the need to process them through the washer disinfector. Following processing in the iCare, handpieces will be sterilised. The inspector was advised that the machine will not be made operational until staff training has been provided in its use and a logbook established to record the periodic tests as outlined in the manufacturer's instructions. It was suggested that the layout of the decontamination room should be reviewed to facilitate more space for the inspection of instruments.

Ms Fisher confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. It was noted that the most recent audit had been completed using the old version of the audit tool. Ms Rae confirmed that she would provide Ms Fisher with the 2013 edition version.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control. As discussed previously, the decontamination aspect of infection prevention and control and decontamination policy needs further development to specify that a washer disinfector must be used within the decontamination process and a recommendation was made in this regard.

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 new radiation protection advisor (RPA) was recently appointed and the RPA completed a quality assurance check at the end of June 2016. A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information had been provided. Review of the report of the most recent visit by the RPA identified that not all recommendations made have been addressed and a recommendation was made in this regard. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

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

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

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

Environment

The environment was maintained to a good standard of maintenance and décor. Cleaning schedules were in place for all areas and a colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. These included health and safety risk assessment review, pressure vessels inspection, portable appliance testing, control of substances hazardous to health (COSHH) risk assessments and servicing of fire equipment, air conditioning and relative anaesthesia (RA) gas equipment.

Fire and legionella risk assessments had been undertaken, which were reviewed by the estates inspector during the pre-registration inspection in October 2015.

Patient and staff views

Seven patients submitted questionnaire responses to RQIA. Six indicated that they felt safe and protected from harm, one patient did not respond. The following comment was provided:

- "Highest possible standards of hygiene and personal cleanliness."

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 think there should be better access for wheelchair users."
- "Yes at all times."

Areas for improvement

Enhanced AccessNI checks must be obtained prior to any new staff commencing employment.

Recruitment and selection procedures should be further developed to ensure that a criminal conviction declaration, two written references and full employment history are obtained and retained in respect of any new staff recruited.

Safeguarding children and adults at risk of harm should be included in induction templates as a specific topic to be covered.

A daily ACT should be undertaken and recorded in respect of each steriliser and recorded in the associated logbook and the three monthly soil test for the washer disinfector should be recorded in the washer disinfector logbook.

The decontamination aspect of infection prevention and control and decontamination policy should be further developed to specify that a washer disinfector must be used within the decontamination process.

Recommendations made by the radiation protection advisor (RPA) should be addressed and a record retained in the radiation protection file confirming this.

Number of requirements	1	Number of recommendations:	5

4.4 Is care effective?

Clinical records

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options. Written treatment plans are provided to patients.

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) and a Freedom of Information Publication Scheme has been established.

Health promotion

Ms Fisher and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. The practice ran a competition during National Smile Month to promote oral health in which approximately 120 children took part. Ms Rae advised that the Portman Healthcare group have plans for the future development of oral health and hygiene in the near future, which will incorporate an outreach programme.

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
- medical histories
- periodontal monitoring
- review of complaints/accidents/incidents

There is a strong focus placed on auditing within the corporate audit programme and each practice is required to complete audits on specific topics every other month.

Communication

Two associate dentists 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. A weekly newsletter is issued by the Portman Healthcare group to all staff which contains general information about what is going on in the group.

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. Comments provided included the following:

- "Very nice and make you feel at home."
- "Highly informative and attentive to details of my treatment."

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. The following comment was provided:

- "I always do the best I possibly can for each individual patient."

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. A ground floor surgery and toilet is available for patients with limited mobility. Arrangements are in place to accommodate those patients with a disability, who cannot access the practice, at the Beechview Dental Practice, on the Falls Road, which is also owned by Portman Healthcare.

An interpreter service is available for patients who require this assistance. Staff advised that they endeavour to accommodate any specific individual needs a patient may have.

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. As discussed previously, written treatment plans including estimated costs are provided to patients. Staff demonstrated how consent would be obtained.

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

Patient and staff views

Six 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 did not respond. The following comment was provided:

- "Made to feel a very valued patient and my input matters."

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:

- "Everyone that comes through the surgery doors gets treated with the same respect."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0

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.

There was a nominated individual with overall responsibility for the day to day management of the practice. Mr Stinson and Ms Fisher advised that Mr Mark Hamburger, registered person, has visited the practice on a number of occasions since Portman Healthcare took over the practice. The Portman Healthcare group have been developing their support mechanisms in Northern Ireland since purchasing a number of practices. The head of integration visits the practice on a monthly basis and the recently appointed operations manager has visited on a frequent basis. Ms Rae has recently been appointed as the compliance facilitator and, as her role develops, will be undertaking two announced and two unannounced visits to the practice each year. Corporate manager meetings are held once a month.

A recommendation was made that formal arrangements are established for the registered person or his representative to monitor the quality of services and undertake an unannounced visit to the premises at least every six months in accordance with legislation. Following the unannounced visit to the practice the registered person should generate a report detailing the main findings of their quality monitoring visit, which should include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated. The report should be shared with the registered manager and be available for inspection.

Policies and procedures were available for staff reference via the electronic 'Box' online system. Hard copies of policies are also available of frequently used policies. Observations made confirmed that policies and procedures were indexed and dated. Ms Rae advised that a system is in place for policies to be reviewed on an annual basis. A monthly update is issued to all staff providing information of policy development and review. Staff spoken with were aware of the policies and how to access them. Ms Rae advised that Portman Healthcare are continuing to review and update policies to reflect local and Northern Ireland arrangements.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed 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. Discussion with Ms Fisher and Ms Rae confirmed that a robust corporate system has been established for complaints management. Minor amendments were made to the patient complaints procedure which was received by RQIA on 15 August 2016. This had been appropriately revised.

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 Fisher and Ms Rae 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. However, issues were identified during this inspection in relation to staff recruitment and selection and infection prevention and control and decontamination, which have not been identified within the practice's own monitoring systems. Therefore more attention needs to be provided to ensure the monitoring systems are meaningful.

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/manager demonstrated a clear understanding of their role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. The statement of purpose was up to date and it was confirmed that the patient guide is kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

Six patients who submitted questionnaire responses indicated that they felt that the service is well managed; one patient did not respond. Comments provided included the following:

- "First class day to day access and notification of any change. Staff excel at patient awareness."
- "Excellent service from top to bottom."

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 an excellent manager who is an excellent team leader but also very approachable."
- "Extremely well."
- "No feedback from audits as yet."
- "I feel all is managed very well."

Areas for improvement

Formal arrangements should be established for the registered person or his representative to monitor the quality of services and undertake an unannounced visit to the premises at least every six months in accordance with legislation. Following the unannounced visit to the practice a report of the findings should be generated and made available for inspection.

Number of requirements	0	Number of recommendations:	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Orla Fisher, practice manager and Ms Ali Rae, Portman Healthcare compliance manager, 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to RQIA's office 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:** 11 August 2016	The registered provider must ensure that enhanced AccessNI checks are obtained prior to any new staff commencing employment. **Response by registered provider detailing the actions taken:** As discussed during inspection, this was an oversight that will not occur again.

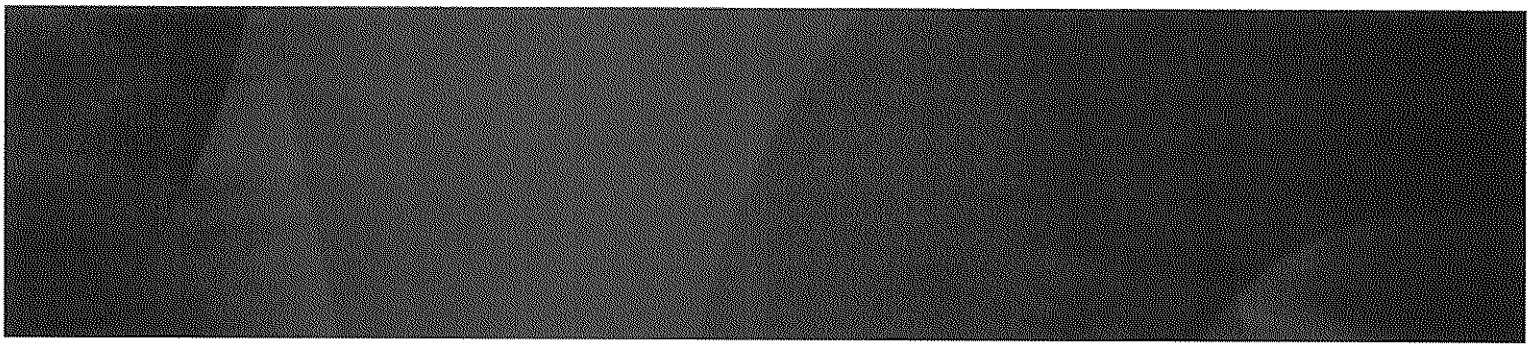
Recommendations	
Recommendation 1 **Ref:** Standard11.1 **Stated:** First time **To be completed by:** 11 August 2016	Recruitment and selection procedures should be further developed to ensure that the following information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained. • a criminal conviction declaration • two written reference, one of which should be from the current/most recent employer • details of the full employment history including reasons for leaving and an explanation for any gaps in employment
	Response by registered provider detailing the actions taken: Following on from Inspection, a new application form was drafted to include the above. A Criminal conviction declaration has been downloaded and will be completed by any new appn staff at time of Access NI.
Recommendation 2 **Ref:** Standard 11.3 **Stated:** First time **To be completed by:** 11 September 2016	Safeguarding children and adults at risk of harm should be included in induction templates as a specific topic to be covered.
	Response by registered provider detailing the actions taken: This is to been included in Portmans. Induction Process. for Northern Ireland.
Recommendation 3 **Ref:** Standard 13.4 **Stated:** First time **To be completed by:** 11 August 2016	A daily automatic control test (ACT) should be undertaken and recorded in respect of each steriliser and recorded in the associated logbook and the three monthly soil test for the washer disinfector should be recorded in the washer disinfector logbook.
	Response by registered provider detailing the actions taken: Staff have been Spoken to in respect of the importance of recording tests.

Recommendation 4 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 11 November 2016	The decontamination aspect of infection prevention and control and decontamination policy should be further developed to specify that a washer disinfector must be used within the decontamination process.
	Response by registered provider detailing the actions taken: A Decontamination / Infection Control Policy has been ammended to include washer disinfector, in accordance with NI Arrangements.
Recommendation 5 **Ref**: Standard 8.4 **Stated:** First time **To be completed by:** 11 October 2016	Recommendations made by the radiation protection advisor (RPA) should be addressed and a record retained in the radiation protection file confirming this.
	Response by registered provider detailing the actions taken: This is a working progress, but has been actioned.
Recommendation 6 **Ref**: Standard 11.8 **Stated:** First time **To be completed by:** 11 November 2016	Formal arrangements should be established for the registered person or his representative to monitor the quality of services and undertake an unannounced visit to the premises at least every six months in accordance with legislation. Following the unannounced visit to the practice the registered person or his representative should generate a report detailing the main findings of their quality monitoring visit, which should include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated. The report should be shared with the registered manager and be available for inspection.
	Response by registered provider detailing the actions taken: This is underway currently as discussed with Ali Rae, our compliance facilitator.

Name of registered manager/person completing QIP	H.P. STINSON		
Signature of registered manager/person completing QIP		**Date completed**	3/10/16
Name of registered provider approving QIP	Mark Hamilton		
Signature of registered provider approving QIP		**Date approved**	3/10/16
Name of RQIA inspector assessing response	Emily Campbell.		
Signature of RQIA inspector assessing response		**Date approved**	

Please ensure this document is completed in full and returned to RQIA's Office

Inspector Approved - E. Campbell 11/10/16.



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