Announced Care Inspection Report
2 May 2017

D E (Belmont Road) Ltd

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 115-117 Belmont Road, Belfast, BT4 2AD
Tel No: 028 9047 1503
Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of D E (Belmont Road) Ltd took place on 2 May 2017 from 09:50 to 12:50.

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 Mrs Beryl Magowan, practice 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. Two requirements have been made in relation to the inspection of fixed electrical wiring installations and the inspection of pressure vessels. Three recommendations have been made in relation to the review of the fire and legionella risk assessments, the format of buccal Midazolam retained and the inspection of the stair lift.

Is care effective?

Observations made, review of documentation and discussion with Mrs Magowan and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mrs Magowan 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 identified that further development is needed to ensure that effective leadership and governance arrangements are in place to create a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements; the arrangements for policy and risk assessment reviews; the arrangements for dealing with complaints, incidents and alerts; insurance arrangements; and the registered provider's understanding of their role and responsibility in accordance with legislation. A recommendation has been made in relation to incident management.

As discussed above a number of issues were identified which relate to quality assurance and good governance. Implementation of the requirements and recommendations made will further enhance the governance arrangements in the practice.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and

Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Beryl Magowan, practice 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 QIP there were no further actions required to be taken following the most recent inspection on 3 May 2016.

2.0 Service details

Registered organisation/registered person: D E (Belmont Road) Ltd/Mr Chris McHale	**Registered manager:** Mr Chris McHale
Person in charge of the practice at the time of inspection: Mrs Beryl Magowan	**Date manager registered:** 18 November 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 8

Information was shared with the inspector in regards to the entity that operates D E (Belmont Road) Ltd. RQIA are currently processing this information.

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

- Returned completed patient and staff questionnaires

During the inspection the inspector met with Mrs Magowan, practice manager; an associate dentist and two dental nurses. The inspector also met with an integration manager from the Oasis Dental Care group during the inspection. A tour of some areas 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 3 May 2016

The most recent inspection of the establishment 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 3 May 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 19 (2) Schedule 2 **Stated:** First time	The registered person must ensure that staff personnel files for any newly recruited staff includes all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	**Met**
	Action taken as confirmed during the inspection: Mrs Magowan confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for these staff evidenced that all records as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.	

Requirement 2 **Ref:** Regulation 19 (2) Schedule 2 **Stated:** First time	The registered person must ensure that enhanced Access NI checks are undertaken and received prior to new staff, including self-employed staff, commencing work in the practice.	**Met**
	Action taken as confirmed during the inspection: As discussed, three staff have commenced work in this practice since the previous inspection. Review of records evidenced that Access NI enhanced disclosure checks had been received prior to commencement of employment.	
Requirement 3 **Ref:** Regulation 15 (1) (b) **Stated:** First time	The registered person must ensure that the following issues in relation to radiology and radiation safety are addressed: • A copy of the most recent RPA report in regards to the eight intra-oral x-ray machine should be retained in the radiation protection file. Recommendations made by the RPA should be signed and dated by the RPS to confirm they have been addressed. • The RPS should sign and date to confirm that the recommendations made in the RPA report for the critical examination of the CBCT x-ray machine have been addressed. • The RPS should ensure that the local rules for the CBCT x-ray machine are signed and dated by all appropriate staff to confirm that they have read and understood them. • The RPS should ensure that x-ray quality grading audits are undertaken at least every six months and audits of justification and clinical evaluation recording are undertaken at least on an annual basis. All dentists who take x-rays should complete these audits.	**Met**
	Action taken as confirmed during the inspection: Review of the radiation protection file evidenced that a copy of the radiation protection advisor (RPA) report for the eight intra-oral x-ray machines had been retained. It was confirmed that all recommendations made in the report have been addressed. The RPA visited the practice on 24 April 2017 to undertake the three yearly quality assurance check and the practice are awaiting the report. Mrs Magowan confirmed that should the report include any recommendations these will be addressed and records retained to confirm this. The RPA visited the practice on 23 November	

	2016 and completed a quality assurance check in respect of the cone beam computed tomography (CBCT) x-ray machine. No recommendations were made in the RPA report. Review of records confirmed that the local rules for the CBCT x-ray machine had been signed and dated by all appropriate staff to confirm that they have read and understood them. Review of records confirmed that x-ray quality grading and justification and clinical evaluation recording audits have been completed in keeping with legislative and best practice guidance.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 1 **Stated:** Second time	The patient guide should fully reflect the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.	**Met**
	Action taken as confirmed during the inspection: Review of the patient guide evidenced that it fully reflects the key areas and themes specified in Regulation 8 of The Independent Health Care (Regulations) 2005. Mrs Magowan is aware that the patient guide is a live document and should be kept up-to-date at all times.	
Recommendation 2 **Ref**: Standard 13 **Stated:** Second time	It is recommended that all clinical waste bins are pedal operated.	**Met**
	Action taken as confirmed during the inspection: All clinical waste bins observed were pedal operated.	
Recommendation 3 **Ref**: Standard11.8 **Stated:** First time	All staff should have an annual appraisal. Records of appraisal should be retained for inspection.	**Met**
	Action taken as confirmed during the inspection: Staff spoken with confirmed that they have an annual appraisal. Three completed appraisal records were reviewed.	

Recommendation 4 **Ref**: Standard 14.2 **Stated:** First time	Records confirming that the fire detection system has been serviced in keeping with manufacturer's instructions should be retained.	**Met**
	Action taken as confirmed during the inspection: Review of records confirmed that the fire detection system had been serviced by an engineer on 14 February 2017. Mrs Magowan confirmed that the fire detection system will be serviced in keeping with the manufacturer's instructions.	
Recommendation 5 **Ref**: Standard 14.2 **Stated:** First time	Arrangements should be established to ensure that routine testing of the fire detection system are implemented including testing of emergency break glass points and emergency lighting.	**Met**
	Action taken as confirmed during the inspection: Review of records confirmed that routine tests have been undertaken in respect of the fire detection system to include emergency break glass points and firefighting equipment.	
Recommendation 6 **Ref**: Standard 11.8 **Stated:** First time	A rolling programme of audits should be developed and implemented to review the effectiveness and quality of care delivered. If applicable an action plan should be developed to address any shortfalls identified during the audit process.	**Met**
	Action taken as confirmed during the inspection: Review of records evidenced that all audits outlined in legislation and best practice have been undertaken. It was also confirmed that additional audits have been completed. Mrs Magowan confirmed that there is a rolling programme of audits.	
Recommendation 7 **Ref**: Standard 8 **Stated:** First time	The registered person should review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.	**Met**
	Action taken as confirmed during the inspection: Mrs Magowan confirmed that she has regular meetings with the directors of Dental Excellence to discuss quality assurance and governance arrangements. As discussed, a rolling programme of audits has been developed and implemented.	

4.3 Is care safe?

Staffing

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

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of three 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. As discussed, a review of a sample of three evidenced that appraisals had been completed an annual basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

As discussed, review of the submitted staffing information and discussion with Mrs Magowan confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected 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.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

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. Mrs Magowan confirmed that the safeguarding policies had been updated to reflect regional policies and procedures issued during 2015 and 2016.

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. It was observed that the format of buccal Midazolam retained was not in keeping with the Health and Social Care Board (HSCB) guidance. A recommendation has been made to replace the format of buccal Midazolam retained with Buccolam pre-filled syringes in keeping with HSCB guidance.

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.

During discussion with staff it was confirmed that one medical emergency had occurred in the practice since the previous inspection. Review of records and discussion with staff evidenced that this medical emergency was managed in keeping with best practice guidance, with the exception of notifying RQIA of the event. This is discussed further in section 4.6 of this report.

Infection prevention control and decontamination procedures

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

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

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 three washer disinfectors and four 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 during April 2017. 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 April 2017.

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

Radiography

The practice has eight surgeries, each of which has an intra-oral x-ray machine. In addition there is a CBCT machine which is 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 in respect of the intra-oral x-ray machines. A separated file was retained in respect of the CBCT machine. A review of the files confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

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

The RPA completes a quality assurance check every three years. Review of the reports of the most recent visits by the RPA demonstrated that the recommendations made have been addressed. As discussed the practice is awaiting the report of the three yearly quality assurance checks for the eight intra-oral x-ray machines completed on 24 April 2017. Mrs Magowan provided assurances that should the report include RPA recommendations these will be addressed and records retained.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions during April 2017.

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. Mrs Magowan confirmed that since the previous inspection surgery two had been refurbished.

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

Arrangements are in place for maintaining the environment. Review of documentation and discussion with Mrs Magowan confirmed that arrangements are in place to ensure that portable appliance testing (PAT) of electrical equipment is undertaken on an annual basis. It was confirmed that the air conditioning systems and the stair lift are serviced twice a year.

Although records were available to confirm that the stair lift had been serviced the records did not detail that the service constituted a thorough examination of the stair lift in keeping with the

Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999. A recommendation has been made to address this.

As discussed arrangements are in place to ensure the fire detection system and firefighting equipment are serviced and maintained in keeping with manufacturer's instructions. Routine tests are undertaken in respect of the fire detection system and firefighting equipment and records are retained. The most recent fire risk assessment available for review was dated April 2014.

There was no evidence to suggest that the fire risk assessment had been reviewed on an annual basis. A recommendation has been made to address this.

It was confirmed that a legionella risk assessment was undertaken by an external organisation during February 2014. Review of records confirmed that water temperatures are monitored and recorded. However, there was no evidence to suggest that the legionella risk assessment had been reviewed on an annual basis. A recommendation has been made to address this.

It was not clear when the most recent occasion the fixed electrical wiring inspections had been inspected as records were not available to review. A requirement has been made in this regard.

Review of records confirmed that the air compressors had not been inspected in keeping with the written scheme of examination of pressure vessels. Records could not be located to confirm that the steam sterilisers had been inspected in keeping with the written scheme of examination. A requirement has been made in this regard.

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

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

- "Always happy to attend the dentist."
- "Always welcomed with reception staff, always pleasant."

Twenty two staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Seven staff indicated that they were very satisfied with this aspect of patient care and 15 indicated that they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- "We are learning all the time."
- "Staffing has got a lot better since last RQIA visit."
- "We care a lot about our patients."
- "Stairs with stair lift are trip hazard for staff and patients. Downstairs toilet has been broken and out of use since before Christmas."

The comments above were discussed with Mrs Magowan. It was observed that two sets of stairs, adjacent to each other,are available for staff and patients to use. Mrs Magowan confirmed that a plumber has advised that the replacement part required for the toilet cannot be sourced and arrangements are in place to install a new toilet. In the meantime there is a toilet located on the first floor of the practice.

Areas for improvement

The format of buccal Midazolam retained should be replaced with Buccolam pre-filled syringes.

A thorough examination in keeping with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 should be undertaken for the stair lift and records retained.

A review of the fire and legionella risk assessments should be undertaken and robust arrangements should be established to review the risk assessments on an annual basis.

Records confirming that the fixed electrical wiring installations have been inspected in keeping with legislative and best practice guidance should be available for review.

All pressure vessels in the practice must be inspected in keeping with the written scheme of examination for pressure vessels and records retained.

Number of requirements	2	**Number of recommendations**	3

4.4 Is care effective?

Clinical records

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

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

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

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 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. There was information available in regards to oral health and hygiene in the waiting area of the practice. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. Models and an electronic educational package are used for demonstration purposes. Some oral health products are available to purchase in the practice and samples of toothpaste are freely distributed. Mrs Magowan confirmed that during 2016 a dental nurse facilitated oral health awareness sessions in a local school. The practice also has a website and Facebook page, both of which contain information in relation to oral health and hygiene.

Audits

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

- X-ray quality grading
- X-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- Clinical waste management
- Clinical records
- Generic risk assessment
- Mercury usage
- Use of reusable gas burners/torches

Communication

Mrs Magowan and an associate dentist confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a 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 informal and formal in house training sessions.

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

Patient and staff views

All 12 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Eight patients indicated that they were very satisfied with this aspect of their care, and four indicated that they were satisfied. The following comment was included in a questionnaire response:

- “They are great.”

All 22 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. Nine staff indicated that they were very satisfied with this aspect of patient care, 11 indicated that they were satisfied, one

indicated that they were very unsatisfied and one did not provide a response. The following comment was included in a questionnaire response:

- "Computerisation is helpful."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.5 Is care compassionate?

Dignity, respect and involvement in decision making

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

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured 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 12 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Nine patients indicated that they were very satisfied with this aspect of their care and three indicated that they were satisfied. No comments were included in submitted questionnaire responses.

All 22 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. Eight staff indicated that they were very satisfied with this aspect of patient care, 12 indicated that they were satisfied, one indicated that they were very unsatisfied and one did not provide a response. The following comment was included in a questionnaire response:

- "We don't have suggestion boxes, may be a good idea, however I feel patients are well cared for overall."

The above comment was shared with Mrs Magowan who agreed to give consideration to the introduction of a comment box.

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. Mrs McGowan confirmed that Mr Chris McHale, registered person, undertakes clinical work in the practice two days a week; in his absence Mrs McGowan has overall responsibility for the day to day management of the practice. As discussed, information was shared with the inspector in regards to the entity that operates D E (Belmont Road) Ltd. RQIA are currently processing this information.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff were aware of the policies and how to access them.

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, review of records and discussion with Mrs Magowan indicated that complaints have been managed in accordance with best practice.

As discussed in section 4.3 of this report, discussion with staff evidenced that one medical emergency occurred in the practice since the previous inspection. Review of the records in relation to this medical emergency evidenced that RQIA should have been notified of the medical emergency. Mrs Magowan readily agreed to submit a retrospective notification in this regard and the notification was submitted to RQIA on 4 May 2017. A recommendation has been made in regards to incident management.

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.

Mrs Magowan 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.

Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

Eleven of the patients who submitted questionnaire responses indicated that they felt that the service is well managed; one indicated that they felt the service was not well managed. Nine patients indicated that they were very satisfied with this aspect of the service; two indicated that they were satisfied and one indicated that they were unsatisfied. The following comment was included in a questionnaire response:

- "A joy to come to the dentist."

Twenty submitted staff questionnaire responses indicated that they felt that the service is well led and two indicated that they felt the service was not well led. Eight staff indicated that they were very satisfied with this aspect of the service, 12 indicated that they were satisfied, one indicated that they were unsatisfied and one indicated that they were very unsatisfied. Comments provided included the following:

- "Mostly yes."
- "Sometimes managers are approachable; however it very much depends on the day. I understand their role can be stressful but sometimes it would be nice if they were always approachable."
- "Oasis are fairly on the ball with processes and systems and I think it will help the managers and all staff."
- "Complaints procedure needs to be clarified with all staff as I have never seen it. Manager not always approachable and concerns mentioned in confidence are not kept confidential."

The staff comments above were discussed with Mrs Magowan, who agreed to address the issues identified at a staff meeting.

Areas for improvement

Any adverse incidents should be reported to RQIA in keeping with legislation and best practice guidance.

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 Mrs Beryl Magowan, practice 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 RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

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

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

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulation 25 (2) (a) **Stated:** First time **To be completed by:** 2 June 2017	The registered provider must ensure that fixed electrical wiring installations are inspected in keeping with legislative and best practice guidance and records retained for review.
	Response by registered provider detailing the actions taken: inspection is scheduled for 7/6/2017
Requirement 2 **Ref:** Regulation 15 (2) (b) **Stated:** First time **To be completed by:** 2 June 2017	The registered provider must ensure that all pressure vessels in the practice are inspected in keeping with the written scheme of examination for pressure vessels and records retained.
	Response by registered provider detailing the actions taken: Stephanie Moran @head office is in touch with our current insurers to arrange for insurance inspectors to visit the practice and carry out the written scheme of examination for pressure vessels.
Recommendations	
Recommendation 1 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 2 June 2017	The format of buccal Midazolam retained should be replaced with Buccolam pre-filled syringes in keeping with the Health and Social Care Board (HSCB) letters issued during May 2013 and November 2016.
	Response by registered provider detailing the actions taken: Buccolam pre-filled syringes across the ages have been purchased and are now available in the practice.
Recommendation 2 **Ref**: Standard 14.2 **Stated:** First time **To be completed by:** 2 July 2017	Arrangements should be established to ensure that the stair lift has a thorough examination in keeping with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 and records retained.
	Response by registered provider detailing the actions taken: A certificate has been obtained from Stairlift Solutions that indicates the examination of the stair lift meets the criteria listed in the Lifting Operations and Lifting equipment regulations (Northern Ireland) 1999.
Recommendation 3 **Ref**: Standard 14.2 **Stated:** First time **To be completed by:** 2 June 2017	A review of the fire and legionella risk assessments should be undertaken and robust arrangements established to review the risk assessments on an annual basis.
	Response by registered provider detailing the actions taken: A new legionella assessment is scheduled for 7/6/2017

Recommendation 4 **Ref**: Standard 14.7 **Stated:** First time **To be completed by:** 2 June 2017	Any adverse incidents should be reported to RQIA in keeping with legislation and best practice guidance.
	Response by registered provider detailing the actions taken: management are more aware now of the range of incidents that should be reported to RQIA. A chart is displayed in the office for all staff to reference .

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

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