

Announced Care Inspection Report 30 November 2017



The Dental Centre

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

Address: 315-317 Donegall Road, Belfast BT12 6FQ

Tel No: 028 9032 8765

Inspector: Carmel McKeegan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with two registered places.

3.0 Service details

Registered organisation/registered person: Mr Jan Gilbert	Registered Manager: Mr Jan Gilbert
Person in charge at the time of inspection: Mr Jan Gilbert	Date manager registered: 4 October 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Inspection summary

An announced inspection took place on 30 November 2017 from 10.30 to 13.30.

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

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

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

One area for improvement against the regulations was made to ensure that staff recruitment records are available for inspection.

Four areas requiring improvement were made against the standards. Two areas have been stated for a second time; one to ensure an annual appraisal is completed for all staff members and the other to ensure all staff undertake safeguarding training commensurate with their role. Two areas of improvement were stated for the first time; one to ensure a validated fire risk assessment is undertaken and appropriate action taken and one to review and update the complaints policy and procedure.

Patients who submitted questionnaire responses to RQIA indicated they were very satisfied with the care and services provided.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Mr Jan Gilbert, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 7 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 February 2017.

5.0 How we inspect

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

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

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient questionnaires were also analysed prior to the inspection. No staff questionnaires were received by RQIA.

A poster informing patients that an inspection was being conducted was displayed.

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

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

- staffing
- recruitment and selection
- safeguarding

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

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

The findings of the inspection were provided to Mr Gilbert at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 February 2017

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

6.2 Review of areas for improvement from the last care inspection dated 7 February 2017

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		
Area for improvement 1 Ref: Standard 11 Stated: First time	A formal system should be implemented for appraising staff performance at least on an annual basis.	Partially met
	Action taken as confirmed during the inspection: Review of documentation demonstrated that performance review templates have been provided, however staff had not yet had an appraisal undertaken, in the previous QIP a timescale had been stated for completion by May 2017. Mr Gilbert stated in the previous returned QIP that appraisals would be performed in 2017. Discussion with Mr Gilbert indicated that he intended to undertake staff appraisals in January 2018.	
At the time of this inspection, this area for		

	improvement had been partially met. This area for improvement has been stated for a second time.	
Area for improvement 2 Ref: Standard 15.3 Stated: First time	<p>Arrangements should be established to ensure that Mr Gilbert and staff undertake safeguarding training appropriate to their role and refresher training every two years.</p> <p>A record of training should be retained and available for inspection.</p>	Not met
	<p>Action taken as confirmed during the inspection: Mr Gilbert confirmed that safeguarding training has not been undertaken by himself or any staff members.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	
Area for improvement 3 Ref: Standard 13.2 Stated: First time	<p>Work surfaces in the decontamination room should be kept free from clutter in order to facilitate effective cleaning.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of the decontamination room confirmed that work surfaces were free from clutter and well maintained.</p>	
Area for improvement 4 Ref: Standard 13.4 Stated: First time	<p>Arrangements should be established to ensure the equipment used in the decontamination process is revalidated on an annual basis. A copy of the most recent validation certificates should be submitted to RQIA with the returned (Quality Improvement Plan) QIP.</p>	Met
	<p>Action taken as confirmed during the inspection: Validation certificates for the equipment used in the decontamination process were provided to RQIA with the previous QIP. The validation certificates confirmed the equipment had been validated on 7 April 2017.</p>	

Area for improvement 5 Ref: Standard 8.3 Stated: First time	<p>Ensure x-ray quality grading audits and justification and evaluation recording audits are undertaken and re-audited on a six monthly and annual basis respectively.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with Mr Gilbert and review of records confirmed that quality grading audits had been undertaken six monthly and the annual justification and evaluation audit is planned to be completed in January 2018.</p>	
Area for improvement 6 Ref: Standard 8.3 Stated: First time	<p>Mr Gilbert should review the x-ray machine manufacturer's instructions and establish arrangements to ensure that the x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. The arrangements should be confirmed to RQIA in the returned QIP.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of documentation confirmed that the x-ray equipment was serviced on 24 March 2017.</p>	
Area for improvement 7 Ref: Standard 8.3 Stated: First time	<p>The new dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information should be signed by all relevant persons and kept up-to-date.</p> <p>A copy of the most recent RPA quality assurance certificates should be submitted to RQIA with the returned QIP.</p>	Met
	<p>Action taken as confirmed during the inspection: The new radiation protection file had been signed by all relevant staff members. Copies of the quality assurance certificates had been provided to RQIA as requested.</p>	

Area for improvement 8 Ref: Standard 12.5 Stated: First time	The fire risk assessment should be reviewed annually and fire safety training and fire drills should be undertaken and recorded in accordance with best practice.	Met
	Action taken as confirmed during the inspection: Review of the fire risk assessment demonstrated the risk assessment had not been signed or dated to verify that this risk assessment had been reviewed on an annual basis. Mr Gilbert confirmed the risk assessment would be reviewed and signed immediately following the inspection. Discussion took place regarding the quality of the fire risk assessment provided. Advice and guidance was provided in this regard and an area for improvement made to address this area. This is further discussed in section 6.4.	
Area for improvement 9 Ref: Standard 11.6 Stated: First time	Minutes of staff meetings should be retained and available for inspection.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that minutes of staff meetings are retained and available for inspection.	

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

Two dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient 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 one evidenced that induction programmes had been completed when new staff joined the practice.

As previously stated, review of documentation demonstrated that performance review templates have been provided; however, Mr Gilbert confirmed that staff had not yet had an appraisal completed. Discussion with Mr Gilbert indicated he will undertake staff appraisals in January 2018. This area for improvement has been partially met and has been stated for a second time.

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 review of records confirmed that a system was in place to review the General Dental Council (GDC) registration status of all clinical staff. Records were available to confirm that professional indemnity cover was in place for dentists; however, Mr Gilbert was uncertain of the professional indemnity cover in place for nurses. Mr Gilbert stated he would follow this up and on 4 December 2017, RQIA received an email from Mr Gilbert which confirmed that all nurses had professional indemnity cover in place.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Gilbert confirmed that one new staff member has been recruited since the previous inspection. Mr Gilbert stated that in the interest of confidentiality he keeps staff personnel files at home and did not bring the personnel file for the new staff member as the staff member left the practice on 23 November 2017. Mr Gilbert was advised that the inspection process examines the recruitment procedures operated and therefore requires the provision of recruitment records for any staff members recruited since the previous inspection. An area for improvement was made against the regulations to ensure that staff recruitment records are available for inspection.

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

Safeguarding

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

As previously discussed, Mr Gilbert confirmed that safeguarding training has not been completed by any staff members within the last two years. An area for improvement has been stated for a second time in this regard.

Mr Gilbert was advised that the safeguarding lead should complete formal Level 2 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) Training Strategy (revised 2016).

It was identified that policies and procedures for the safeguarding and protection of adults and children were in need of further development to reflect the most recent regional guidance documents in relation to safeguarding adults and children. Advice and guidance was provided and on 4 December 2017 RQIA received a copy of the updated safeguarding policy by email. Review of the updated safeguarding policy confirmed the policy reflected the most recent regional guidance safeguarding documents. Policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult

or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

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

On the afternoon of the inspection the following regional safeguarding documentation was forwarded to Mr Gilbert by email:

- 'Adult Safeguarding Operational Procedures' (September 2016)
- Northern Ireland Adult Safeguarding Partnership (NIASP) Training Strategy (revised 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. A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF. Mr Gilbert advised that he will ensure that Buccolam will be administered safely in the event of an emergency in keeping with the BNF.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme. The most training was completed in January 2017 and it was confirmed arrangements are in place for this training to be provided during January 2018.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

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

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and a steam steriliser, has 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 on 5 July 2017.

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

Radiography

Two dental surgeries are in operation in this practice, an intra-oral x-ray machine and an orthopan tomogram machine (OPG) are located in a dedicated x-ray room.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties 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 radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA on 20 March 2017 demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions, review of records confirmed the most recent servicing was completed on 24 March 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.

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.

A legionella risk assessment had been undertaken and water temperatures are monitored and recorded as recommended. Mr Gilbert confirmed that there have been no changes to the water supply and system in the practice and the risk assessment is reviewed every two years.

A fire risk assessment had been undertaken in 2011; there was no record to show that the fire risk assessment had been reviewed annually. Mr Gilbert confirmed that there have been no structural changes to the premises and he would review the fire risk assessment following the inspection.

The content of the fire risk assessment was discussed with Mr Gilbert as the quality of the assessment was limited and provided scant information. Mr Gilbert was advised to provide a validated fire risk assessment and was directed to the Northern Ireland Fire and Rescue Service for guidance. An area for improvement against the standards was made in this regard.

Staff confirmed fire training and fire drills had been completed and demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels had been established and the most recent pressure vessel examination was undertaken in March 2017.

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

Patient and staff views

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

- 'Safety appears to be a priority.'
- 'Staff very good, hygiene maintenance is excellent.'

As previously indicated, no staff questionnaire responses were submitted to RQIA.

Areas of good practice

There were examples of good practice found in relation to staff induction, training, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

Areas for improvement

A formal system should be implemented for appraising staff performance at least on an annual basis.

Recruitment records should be available for inspection.

Arrangements should be established to ensure that Mr Gilbert and staff undertake safeguarding training appropriate to their role and refresher training every two years.

A validated fire risk assessment should be undertaken by a competent person. Appropriate action should be undertaken on conclusion of the findings of the fire risk assessment, and a record should be maintained to verify the fire risk assessment is reviewed at least on annual basis.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Clinical records

Mr Gilbert 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.

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

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Mr Gilbert and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of oral health care products was available to purchase.

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

Communication

Mr Gilbert 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 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 eight patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care. Comments provided included the following:

- 'Always feel staff are responsive to my concerns.'
- 'Opportunity for discussion.'

As previously stated, no staff questionnaires were submitted to RQIA.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity, respect and involvement in decision making

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

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

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

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All eight patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care and were very satisfied with this aspect of care. Comments provided included the following:

- '100%.'
- 'I have been referred to external services in the past as necessary.'

No staff questionnaires were submitted to RQIA.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance arrangements

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

Mr Gilbert is the nominated individual with overall responsibility for the day to day management of the practice.

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

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed 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. Review of the complaints policy and complaints management procedure identified three versions of the complaints management process; this should be reviewed to provide clear guidance on complaints management. The complaints policy should also be reviewed to provide distinct guidance for private patients and NHS patients who remain dissatisfied for onward referral to the relevant bodies. An area for improvement against the standards has been made to review the complaints procedures and address the issues identified.

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

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

Mr Gilbert demonstrated a clear understanding of his 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 up to date and displayed appropriately.

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

Patient and staff views

All eight patients who submitted questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. The following comment was provided in a submitted questionnaire response:

- ‘Well motivated and highly trained staff and team.’

No staff questionnaires were submitted to RQIA.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

The complaints policy and procedure should be reviewed to ensure the complaints management process is clearly outlined, and the distinct onward referral routes for private patients and NHS patients are outlined.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Jan Gilbert, registered person, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with the Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (3) (b) Stated: First time To be completed by: 30 November 2017	The registered person shall ensure that recruitment records are available for inspection. Ref; 6.4 Response by registered person detailing the actions taken: It is only a matter of taking them out of safe storage and having them on site during the next announced inspection
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 11 Stated: Second time To be completed by: 31 January 2018	A formal system should be implemented for appraising staff performance at least on an annual basis. Ref: 6.4 Response by registered person detailing the actions taken: This was already in place at time of recent inspection and will be completed during January 2018 as indicated.

<p>Area for improvement 2</p> <p>Ref: Standard 15.3</p> <p>Stated: Second time</p> <p>To be completed by: 31 January 2018</p>	<p>Arrangements should be established to ensure that Mr Gilbert and staff undertake safeguarding training appropriate to their role and refresher training every two years.</p> <p>A record of training should be retained and available for inspection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Training already completed for some staff</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall ensure that a validated fire risk assessment is undertaken by a competent person. Appropriate action should be undertaken to address the findings of the fire risk assessment, and a record should be maintained to verify the fire risk assessment is reviewed at least on annual basis.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This is currently in progress</p>
<p>Area for improvement 4</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall ensure the complaints policy and procedure is reviewed to ensure the complaints management process is clearly outlined, and the distinct onward referral routes for private patients and NHS patients are outlined.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Completed</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews