

# Announced Care and Variation to Registration Inspection Report 01 June 2017



## Garvagh Dental

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 110 Main Street, Garvagh, Coleraine, BT51 5AE**  
**Tel No: 028 2955 8818**  
**Inspector: Norma Munn**

[www.rqia.org.uk](http://www.rqia.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 practice was registered under new ownership as Garvagh Dental on 24 November 2016 providing general dental care and treatment with one registered dental chair. Following registration an application of variation was submitted to RQIA during March 2017 in relation to the relocation of the decontamination room and increase in the number of dental chairs from one to two.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Garvagh Dental Ltd  <b>Responsible Individuals:</b> Mr David Madden	<b>Registered Manager:</b> Mr David Madden
<b>Person in charge at the time of inspection:</b> Mr David Madden	<b>Date manager registered:</b> 24 November 2016
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 1 increasing to 2 following this inspection

### 4.0 Inspection summary

An announced care and variation to registration inspection took place on 01 June 2017 from 14:00 to 17:00.

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 pre registration care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with an application of variation, made to RQIA, to relocate the decontamination room and increase the number of dental chairs from one to two. The variation to registration application was approved following this inspection.

Evidence of good practice was found in relation to radiology, the environment, the management of clinical records, the range and quality of audits, health promotion strategies, maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld, providing the relevant information to allow patients to make informed choices, management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff recruitment, induction, training, safeguarding, infection prevention control and decontamination procedures, written prescription pad security policy and quality assurance and governance arrangements.

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.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	10

Details of the Quality Improvement Plan (QIP) were discussed with Mr David Madden, 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.

## 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 pre registration care inspection
- the previous pre registration care inspection report
- the previous pre registration premises inspection report
- submitted staffing information
- submitted complaints declaration
- the variation to registration application

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

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

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

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

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

Areas for improvement identified at the last pre registration care inspection were reviewed and assessment of compliance recorded as met.

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

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent pre registration care and premises inspection dated 20 July 2016**

The most recent inspections of the practice were announced care and premises pre-registration inspections which were carried out on the same day. The completed QIPs for the pre-registration care and premises inspections were returned and approved by the care and estates inspectors respectively. Registration of the practice under the new ownership was approved on 24 November 2016. The completed QIP for the pre-registration premises inspection will be validated by the estates inspector at the next premises inspection.

**6.2 Review of areas for improvement from the last care inspection dated 20 July 2016**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area for improvement 1</b>  Ref: Standard 10.1  Stated: First time	A records management policy to include the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection should be developed. Once developed this should be shared with staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the records management policy evidenced that the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection were included. Mr Madden confirmed that this policy had been shared with staff. The policy was in keeping with legislation and best practice guidance.	

## 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

The practice is increasing from one to two dental surgeries. Mr Madden outlined the planned staffing arrangements for the additional surgery, and confirmed that an additional dentist and dental nurse had been recruited since the previous inspection. Staff demonstrated that there were sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

A record of induction had not been completed for one of the new members of staff recruited. All new staff including self-employed staff should be provided with a structured programme of induction relevant to their duties and responsibilities, a record should be retained to evidence the content of the induction undertaken. An area of improvement under the minimum standards has been identified to address this.

Procedures were in place for appraising staff performance although staff appraisals had not yet taken place under the new management. Mr Madden confirmed that appraisals will be commenced within the next two months. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of records evidence that there was a system in place to ensure that staff receive appropriate training to fulfil the duties of their role with the exception of training in safeguarding of children and adults. This is discussed further in the safeguarding section of this report.

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

#### Recruitment and selection

A review of the submitted staffing information and discussion with Mr Madden confirmed that two staff had been recruited since the previous inspection. A review of the personnel files for the newly recruited staff demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

There were no recruitment documents available for review at the premises for one of the new members of staff recruited and Mr Madden confirmed that this documentation was retained off site. Mr Madden was advised that documents relating to recruitment should be available for inspection as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005. An area of improvement under the minimum standards has been identified to address this. Prior to the conclusion of the inspection further documentation pertaining to this staff member was produced.

The following was noted in the files reviewed:

- positive proof of identity, including a recent photograph in one file only
- evidence that an enhanced AccessNI check was received prior to commencement of employment
- two written references were provided in one file and one written reference in the other file
- documentary evidence of qualifications
- evidence of current GDC registration
- evidence of professional indemnity insurance, where applicable

None of the files reviewed contained a criminal conviction declaration, employment history or confirmation that the person was physically and mentally fit to fulfil their duties. Mr Madden confirmed that a verbal reference had been sought for one of the staff members however; a record of this had not been retained. Mr Madden was advised that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for any new staff employed. An area of improvement under the regulations has been identified to address this.

A copy of the original AccessNI enhanced certificate had been retained in both files reviewed. This is not in keeping with the AccessNI's code of practice. An area of improvement under the minimum standards has been identified to address this.

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.

Discussion with staff and a review of records demonstrated that all not staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. An area of improvement under the minimum standards has been identified to address this. Mr Madden was advised to ensure that any training provided in safeguarding adults is in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of children and adults 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. However, the information in regards to safeguarding did not fully reflect the regional guidance policies and guidance documents. Mr Madden has agreed to update the policies and an area of improvement under the minimum standards has been identified to address this.

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 not available for staff reference. Following the inspection the documents listed below were forwarded to the practice by email:

- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational procedures' (September 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) with the exception of Buccolam medication. The buccal Midazolam observed was not the format recommended by the Health and Social Care Board (HSCB). This was discussed with Mr Madden and it was agreed that Buccolam pre-filled syringes would be provided in the quantity and dosage as recommended by the HSCB. Following the inspection RQIA received confirmation that Buccolam pre filled syringes had been provided.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was confirmed that the practice do not have an automated external defibrillator (AED). However, the practice does have timely access to an AED that is located in the medical centre attached to the practice. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

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

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

### **Infection prevention control and decontamination procedures**

Dental practices in Northern Ireland have been directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012.

A copy of the 2013 edition of HTM 01-05 was available at the practice for staff reference. It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool which had been completed on a six monthly basis.

Since the previous inspection the decontamination room had been relocated to the area where the waiting room had previously been. The decontamination room was separate from patient treatment areas and dedicated to the decontamination process. The room facilitated the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

The dental nurse confirmed that the practice previously had a washer disinfector, a DAC Universal and a steam steriliser. However, on the day of the inspection the only piece of decontamination equipment observed was one steam steriliser, which had been appropriately validated. It was confirmed that the DAC Universal and washer disinfector had been out of operation since 15 December 2016 and 14 April 2017 respectively. Mr Madden confirmed that a replacement washer disinfector had been ordered and they were awaiting delivery. The dental nurse confirmed that since the removal of the washer disinfector all reusable dental instruments were being manually cleaned prior to sterilisation. Best practice outlines that all reusable dental instruments should be cleaned and sterilised using an automated process. As the practice has not been processing dental instruments using a washer disinfector or a DAC Universal for a period of six weeks, RQIA requested confirmation of the action Mr Madden had taken to address this issue as a matter of urgency. Following the inspection an action plan was submitted to RQIA and an email was received on 19 June 2017 to confirm that a new washer disinfector had been installed. A dental nurse confirmed via telephone on 26 June 2017 that the washer disinfector had been installed, validated and was operational. A logbook should be established for the washer disinfector and the relevant information and periodic tests recorded as outlined in HTM 01-05. A copy of the validation certificate should be submitted to RQIA. An area of improvement under the regulations has been identified to address this.

Mr Madden confirmed that since the DAC Universal was decommissioned in December 2016, dental handpieces were being manually cleaned prior to sterilisation. In keeping with best practice guidance, compatible dental handpieces should have been processed through the washer disinfector from December 2016. The processing of dental handpieces was discussed at length with Mr Madden and staff. Mr Madden agreed to review the procedure for the decontamination of dental handpieces to ensure that dental handpieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL ) (13) 13. An area of improvement under the minimum standards has been identified to address this.

A review of the steriliser logbook evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05 with the exception of the automatic control tests (ACT). The dental nurse confirmed that the ACT tests had been carried out and recorded on a weekly basis instead of daily. The logbook did not include accurate details of the machine as outlined in HTM01-05. An area of improvement under the minimum standards has been identified to address these issues.

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. Some issues were identified in relation to the additional surgery which should be addressed as follows:

- the clinical waste bin was not foot or sensor operated
- the disposable hand towels had not been wall mounted
- hand hygiene signage was not displayed at the hand wash basin

An area of improvement under the minimum standards has been identified to address these issues.

Mr Madden confirmed that shelving was to be erected in a space in the wall in the additional surgery. Assurances were given that the area where the wall meets the cabinetry and any joins in the worktops and walls would be appropriately sealed on completion of the work being carried out.

Staff demonstrated 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.

Appropriate arrangements were in place for the management of waste, including sharps. The dental unit water lines were being managed in keeping with good practice.

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

## **Radiography**

The practice has two surgeries, each of which has an intra-oral x-ray machine. Review of the radiation protection file evidenced that a critical examination of the newly installed x-ray unit in the additional surgery had been undertaken by the appointed radiation protection advisor (RPA) during May 2017. Mr Madden confirmed that any recommendations made have been addressed.

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 and x-ray audits.

A copy of the local rules was on display near each x-ray machine and staff confirmed 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 report of the visit undertaken by the RPA during February 2015 demonstrated that the recommendations made have been addressed.

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.

Detailed cleaning schedules and 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 temperature is monitored and recorded as recommended.

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

As discussed previously, a premises inspection had been undertaken during the pre-registration inspection on 20 July 2016. The completed QIP for the pre-registration premises inspection will be validated by the estates inspector at the next premises inspection.

It was confirmed that arrangements were in place for the management of prescription pads/forms. However, a written security policy had not been developed to reduce the risk of prescription theft and misuse as directed by the HSCB in March 2017. An area of improvement under the minimum standards has been identified to address this.

## **Patient and staff views**

No patients or staff submitted questionnaire responses to RQIA.

## **Areas of good practice**

There were examples of good practice found in relation to radiology and the environment.

## **Areas for improvement**

An induction programme is to be completed and retained for any new staff recruited in the future.

All information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 is to be obtained prior to commencement of employment and records retained.

All records pertaining to the recruitment and selection of staff should be available for review by inspectors.

All AccessNI disclosure certificates should be handled in keeping with the AccessNI’s code of practice and a record retained of the date the check was applied for and received, the unique identification number and the outcome.

All staff should receive training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

The safeguarding policies should be updated to fully reflect the regional policy and guidance documents entitled ‘Adult Safeguarding Prevention and Protection in Partnership’ (July 2015) and ‘Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016). Once updated the policies should be shared with staff.

A logbook should be established for the washer disinfecter and the relevant information and periodic tests recorded as outlined in HTM 01-05. A copy of the validation certificate should be submitted to RQIA.

The procedure for the decontamination of dental handpieces should be reviewed.

A daily automatic control test is to be undertaken and recorded in the logbook for the steam steriliser. The log book for the steam steriliser and any further equipment used in the decontamination process should include the accurate details of the machines as outlined in HTM01-05.

The issues identified in relation to infection prevention and control should be addressed in keeping with best practice guidance.

A written security policy for the management of prescription pads/forms should be developed to reduce the risk of prescription theft and misuse.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	9

**6.5 Is care effective?**

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

**Clinical records**

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

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

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

Policies were available in relation to records management, data protection and confidentiality and consent. As discussed the records management policy was 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. Staff confirmed that oral health is actively promoted on an individual basis during treatment sessions by dentists. A range of oral health promotion leaflets was available at reception and in the patients' waiting area.

### **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
- review of complaints/accidents/incidents

### **Communication**

Mr Madden 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 in house training sessions.

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

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

### **Patient and staff views**

No patients or staff submitted questionnaire responses 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
<b>Total number of areas for improvement</b>	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 demonstrated how they 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 ensures patients understand what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

Mr Madden confirmed that the practice will undertake patient satisfaction surveys on an annual basis and a patient satisfaction report will be completed. It was confirmed that the practice will pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, will be 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**

No patients or staff submitted questionnaire responses 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
<b>Total number of areas for improvement</b>	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 Madden 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 Mr Madden confirmed that these will be systematically reviewed on a 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 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 returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

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

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 Madden demonstrated a clear understanding of his role and responsibility in accordance with legislation. 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**

No patients or staff submitted questionnaire responses to RQIA.

**Areas of good practice**

There were examples of good practice found in relation to the management of complaints and incidents and maintaining good working relationships.

**Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Madden, registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

### **7.1 Areas for improvement**

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

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

### Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 June 2017</p>	<p>The registered person shall ensure that all information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 is obtained prior to commencement of employment.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The practice has established personnel file for each staff member</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2017</p>	<p>The registered person shall ensure that a logbook is established for the washer disinfectant and the relevant information and periodic tests recorded as outlined in HTM 01-05.</p> <p>A copy of the washer disinfectant validation certificate should be submitted to RQIA</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The washer disinfectant has a log book in place, and its validation certificate is available on request</p>

### Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 June 2017</p>	<p>The registered person shall ensure that an induction programme is completed and retained for any new staff, including self-employed staff, recruited in the future.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> An induction programme is now in place for each staff type</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 June 2017</p>	<p>The registered person shall ensure that all records pertaining to the recruitment and selection of staff should be available for review by inspectors</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The practice has established personnel file for each staff member</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 June 2017</p>	<p>The registered person shall ensure that AccessNI disclosure certificates are handled in keeping with the AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the assessment of the check.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All Access NI disclosure numbers are retained in the Access NI log and all remaining certificates have been disposed off.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2017</p>	<p>The registered person shall ensure that all staff receive training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have now completed Level 1 safeguarding CPD within the last 2 years and David and Michael Madden have completed 3 hours each of level 2 safeguarding training</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2017</p>	<p>The registered person shall ensure that the safeguarding policies are updated to fully reflect the regional policy and guidance documents entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016). Once updated the policies should be shared with staff.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The safeguarding policies have been updated to include FGM, Human trafficking and internet abuse. A flowchart is available detailing the actions to be taken.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 June 2017</p>	<p>The registered person shall review the procedure for the decontamination of dental handpieces to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Dental handpieces are now processed through the washer disinfectant, oiled and processed through a vacuum autoclave.</p>
<p><b>Area for improvement 7</b></p>	<p>The registered person shall ensure that a daily automatic control test is undertaken and recorded in the steriliser logbook.</p>

<p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 June 2017</p>	<p>The logbook for the steam steriliser and any further equipment used in the decontamination process should include the accurate details of the machine/s as outlined in HTM01-05.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The back-up steam sterilizer is now tested daily, and the results held in a separate log book</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2017</p>	<p>The registered person shall address the following issues in relation to infection prevention and control in keeping with best practice guidance:</p> <ul style="list-style-type: none"> <li>• all clinical waste bins should be foot or sensor operated</li> <li>• all handtowels should be wall mounted</li> <li>• hand hygiene signage should be displayed at all hand wash basins</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All clinical waste bins are now foot operated, the hand towels are wall mounted and hand hygiene signage is present above all hand wash sinks</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 14.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2017</p>	<p>The registered person shall develop a written security policy for the management of prescription pads/forms to reduce the risk of prescription theft and misuse.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A prescription pad policy is now in place</p>
<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2017</p>	<p>The registered person shall review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> Audit cycles are in place to ensure quality assurance.</p>

*\*Please ensure this document is completed in full and returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) from the authorised email address\**



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