

# Announced Care Inspection Report 9 August 2017



## Loughridge Dental Care

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

**Address: 116 Upper Lisburn Road, Belfast BT10 0BD**

**Tel No: 028 9061 1880**

**Inspector: Winifred Maguire**

[www.rgia.org.uk](http://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 three registered places providing private dental care and treatment.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> ETC[NI] Ltd T/A Loughridge Dental Care  <b>Responsible Individual:</b> Mr Christopher Loughridge	<b>Registered Manager:</b> Mr Christopher Loughridge
<b>Person in charge at the time of inspection:</b> Mr Christopher Loughridge	<b>Date manager registered:</b> 28 August 2014
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

### 4.0 Inspection summary

An announced inspection took place on 9 August 2017 from 10.00 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, safeguarding, 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.

An area of improvement against the minimum standards was identified in relation to recruitment records.

Patients who submitted questionnaire responses indicated a high level of satisfaction with the services provided in Loughridge Dental Care.

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
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Karen Lapping, lead dental nurse, 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 19 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 July 2016.

## 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 and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspector met with Mr Christopher Loughridge, registered person, briefly; Ms Karen Lapping, lead dental nurse; and a dental nurse. 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 Ms Lapping at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 19 July 2016

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 19 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> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time	Daily fridge temperatures should be undertaken and recorded to evidence that the glucagon medication is stored between two and eight degrees centigrade as per manufacturer’s instructions.  A self-inflating bag with reservoir suitable for use with a child should be provided.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A record of the daily fridge temperatures to evidence that the glucagon medication is stored between two and eight degrees centigrade as per manufacturer’s instructions was available. However, it had not been completed since June 2017. Discussion took place with regards to completing this	

	<p>important record; and consideration of not storing the glucagon in the fridge and instead storing the glucagon with the other emergency medicines and amending the expiry date in accordance with manufacturer's instructions. It was confirmed following inspection that the glucagon would continue to be stored in the fridge and a daily check list had been amended to include a daily monitor check of the fridge temperature. Assurances were given that the fridge temperature would be monitored and recorded on a daily basis.</p> <p>A self-inflating bag with reservoir suitable for use with a child was in place.</p>	
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### 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

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

Induction programme templates were in place relevant to specific roles and responsibilities. An induction programme had been completed for a new member of staff who had joined the practice; however she had since left.

Procedures were in place for appraising staff performance and Ms Lapping confirmed that appraisals were scheduled for October 2017. 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 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 Ms Lapping confirmed that a new member of staff had been recruited since the previous inspection; however she had since left.

A review of this member of staff's personnel file demonstrated that most of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

It was noted that there was one written reference in place and evidence that a further verbal reference had been sought; the Enhanced AccessNI, whilst sought, had not been appropriately recorded and stored, and the criminal declaration form had not been fully completed.

An area of improvement against the minimum standards has been identified with regards to this matter.

There was a recruitment policy and procedure available. Minor amendments were made to the recruitment policy and procedure during the inspection.

## **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.

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. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in the last year; however, it was unclear if this was in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). Ms Lapping confirmed following the inspection that adult safeguarding training Level 2 had been arranged in the coming months for all staff in the practice.

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.

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.

## **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 with the exception of Buccolam prefilled syringes as per Health Social Care Board (HSCB) guidance and a size 0 oropharyngeal airway. Following inspection it was confirmed that the practice had purchased Buccolam prefilled syringes as per HSCB guidance and a size 0 oropharyngeal airway.

Ms Lapping confirmed that an automated exterior defibrillator (AED) the practice had access to at a newsagent's across the road was no longer available as the newsagent's had closed



abruptly. The practice had contacted a dental practice nearby who have confirmed they can have access to their AED in the event of a medical emergency. It was advised to update the management of medical emergency policy, ensure staff aware of the new arrangements for access to an AED and provide written confirmation of the arrangement from the dental practice providing the AED. This was confirmed following inspection. Ms Lapping also confirmed it was Loughridge Dental Care's intention to purchase an AED in the very near future.

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.

As stated previously, on a care inspection in July 2016, an area of improvement against the minimum standards was made in relation to recording the drug fridge temperatures to evidence that the glucagon medication is stored as per manufacturer's instructions. A daily fridge temperatures record template had been established and was available. However, it had not been completed since June 2017. Discussion took place with regards to the importance of completing this record and if compliance is proving difficult then consideration should be given to not storing the glucagon in the fridge and instead storing the glucagon with the other emergency medicines and amending the expiry date in accordance with manufacturer's instructions. It was confirmed following inspection that the glucagon would continue to be stored in the fridge and a daily check list had been amended to include a daily monitor check of the fridge temperature. Ms Lapping gave assurances the daily recording of the fridge temperatures had been resumed and would continue to be monitored.

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**

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. Ms Lapping confirmed she is undertaking IPC lead update training in October 2017. Training records were available for inspection.

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, a DAC universal and a steam steriliser have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

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

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

## **Radiography**

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

A 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. Advice was given on the completion of entitlement documentation. 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 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. The staff area to the rear of the building has been refurbished since the previous inspection and provides a pleasant area to hold staff meetings and informal training.

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. This included fire safety equipment checks and servicing.

A fire risk assessment had been undertaken. A fixed electrical wiring installations inspection has been scheduled in the coming weeks.

A legionella risk assessment had been undertaken and water temperature is monitored and recorded as recommended.

A written scheme of examination of pressure vessels had been established and an inspection has been undertaken in July 2017.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms. Following the inspection a policy on the security of prescription pads to reduce the risk of prescription theft and misuse was developed and an electronic copy was forwarded to RQIA. Further advice was provided to enhance this policy to fully reflect HSCB guidance.

### **Patient and staff views**

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

- “Very good team, very welcoming.”
- “Attentive at all times.”
- “Very clean and staff discuss everything.”
- “I am very satisfied with the cleanliness of the practice and I am confident that good hygiene practices are implemented.”

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### **Areas of good practice**

There were examples of good practice found in relation to induction, training, appraisal, safeguarding, infection prevention control and decontamination procedures, radiology and the environment.

### **Area for improvement**

The following information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained:

- two written references
- an appropriately recorded enhanced AccessNI check
- a completed criminal declaration form.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 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.

Staff 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.

Manual records are maintained. 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. A range of health promotion information leaflets were available in the reception area. There is a custom made slide show promoting oral health which is shown on a loop in the waiting area. The practice offers oral health advice on the social media platform, Facebook and its website. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations.

### Audits

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical waste management
- clinical records
- review of complaints/accidents/incidents

## Communication

It was confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Practice meetings are held on a six weekly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of practice meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions. There is also a daily huddle at the beginning of each day and a weekly lunchtime meeting which it was confirmed ensures a cohesive team and effective communication.

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

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

- “I talked at length with Chris Loughridge about a small gap in my tooth which I was unhappy about. Chris explained the procedure to correct this and I went ahead with it and was very pleased with the result.”
- “Each decision is talked over.”
- “Team work makes the dream work.”
- “Good support from staff.”

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them and that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

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

- "Staff are very caring and friendly and always call you after treatment."
- "The very best service with dignity, privacy, options and care plan."
- "All the staff are very approachable and helpful. Nothing is too much trouble."
- "As I say each decision is talked over and suggestions are listened to."

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care; and that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### 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 Loughridge 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 an annual 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.

It was 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 Loughridge 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**

All patients who submitted questionnaire responses indicated that they felt that the service is well led. Fourteen patients indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. Comments provided included the following:

- “Excellent led service.”
- “All staff very professional and knowledgeable.”
- “I think the best dental care in Northern Ireland.”
- “The dental practice is very well run, efficient and is both friendly and professional. All staff appear to be happy, enjoying their work and creating a pleasant atmosphere. The hygienists are very knowledgeable and take great interest in their patients.”
- “This is by far the best dental practice I have ever been in.”

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

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## **7.0 Quality improvement plan**

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Ms Karen Lapping, lead dental nurse, 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.

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 Minimum Standards for Dental Care and Treatment (2011)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 September 2017</p>	<p>The registered person shall ensure the following information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained, for any new member of staff:</p> <ul style="list-style-type: none"> <li>• two written references</li> <li>• an appropriately recorded enhanced AccessNI check</li> <li>• a completed criminal declaration form.</li> </ul> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Loughridge Dental Care has amended its recruitment policy and check list regarding new potential employees as stated in the QIP. An additional amendment was made to the employment procedure which now includes a 'job application form' that will contain the required information and assist us in compliance in this area.</p>

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

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