

Announced Care Inspection Report 3 July 2017



MA Irwin Dental Surgery

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

Address: 5 Hightown Road, Glengormley, BT36 7TZ

Tel No: 028 9083 3650

Inspector: Emily Campbell

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 providing private and NHS general dental care and treatment.

3.0 Service details

Organisation/Registered Provider: Mr Michael Irwin	Registered Manager: Mr Michael Irwin
Person in charge at the time of inspection: Mr Michael Irwin	Date manager registered: 2 March 2012

Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2
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4.0 Inspection summary

An announced inspection took place on 3 July 2017 from 10:00 to 12:50.

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 staff training and development, patient safety, health promotion and engagement to enhance the patients' experience and governance arrangements.

An area requiring improvement was identified against the regulations in relation to the location of the operator switches to ensure that staff do not stand in the decontamination room when taking x-rays. Three areas for improvement against the standards were identified in relation to the decontamination room being dedicated to decontamination, washer disinfectant periodic testing and x-ray justification and clinical evaluation recording audits.

Patients who submitted questionnaire responses to RQIA indicated they were very satisfied or satisfied with all aspects of care in the practice.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Michael Irwin, 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 9 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 June 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 Irwin, an associate dentist, a practice manager and a trainee dental nurse. A tour of the premises was also undertaken.

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

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control 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 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 inspection dated 9 June 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 9 June 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
Area for improvement 1 Ref: Standard 11.1 Stated: Second time	All staff who work in the practice, including self-employed staff should be provided with a contract/agreement. Records of contracts/agreements should be retained in the personnel files of any new staff recruited.	Met
	Action taken as confirmed during the inspection: Mr Irwin and staff confirmed staff had been issued with contracts of employment/agreement. Review of two staff personnel files evidenced that contracts were in place. One recently recruited staff member has not yet been issued with a contract and it was confirmed this was in draft form and would be issued within a month of their start date.	
Area for improvement 2 Ref: Standard 13 Stated: First time	Review the use of Chlorhexidine (Hibiscrub) in keeping with HTM01-05.	Met
	Action taken as confirmed during the inspection: Mr Irwin and staff confirmed that Chlorhexidine was no longer used in the practice. No Chlorhexidine was observed during the inspection.	

Area for improvement 3 Ref: Standard 15.3 Stated: First time	Training in safeguarding of adults and children should be carried out for all staff in accordance with the Minimum Standards for Dental Care and Treatment (2011).	Met
	Action taken as confirmed during the inspection: Mr Irwin and staff confirmed that safeguarding training had been provided. Review of training records evidenced this.	
Area for improvement 4 Ref: Standard 13.4 Stated: First time	In respect of the steriliser all details of periodic tests undertaken should be consistently recorded in the machine logbook in keeping with HTM 01-05.	Met
	Action taken as confirmed during the inspection: Review of the steriliser logbook evidenced that periodic tests had been consistently undertaken and recorded.	
Area for improvement 5 Ref: Standard 13 Stated: First time	The Infection Prevention Society (IPS) audit tool should be undertaken six monthly in accordance with HTM 01-05.	Met
	Action taken as confirmed during the inspection: IPS HTM 01-05 audits were observed to have been completed every six months.	

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 and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of three evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of a sample of two evidenced that appraisals had been completed this year. 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 Mr Irwin confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

There was a recruitment policy and procedure available. This was not reviewed during the inspection.

A staff register was in place and was observed to be up to date.

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 keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). Review of training records evidenced that training had been provided in July 2016 and June 2017.

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 revised contact number for onward referral to the local Health and Social Care Trust should a safeguarding issue arise was provided during the inspection.

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.

The following documentation was forwarded to Mr Irwin by email on 14 July 2017:

- 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) was retained. However, the Glucagon medication was not stored in the fridge and a revised expiry date of 18 months from the date of receipt had not been identified on the medication, in keeping with the manufacturer's instruction if the drug was not stored between 2 and 8 degrees Celsius. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of portable suction, automated external defibrillator (AED) pads for use with a child, scissors and a razor. Mr Irwin confirmed by email on 18 July 2017 that the emergency equipment as identified above had been ordered or provided and that a revised expiry date had been recorded on the Glucagon medication.

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.

A policy for the management of medical emergencies and protocols outlining the local procedure for dealing with the various medical emergencies were available for staff reference.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were generally tidy and uncluttered. Mr Irwin's surgery is dated and Mr Irwin confirmed that he plans to refurbish the surgery within the next few months. This will include plastering and painting the walls which are currently covered with wallpaper. 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 in general demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

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

A decontamination room separate from patient treatment areas was available. The decontamination room is accessed through sliding doors from each dental surgery. The doors to the decontamination room were observed to be open whilst decontamination was in process. It was also identified that the operator switches for the intra-oral x-ray units in each surgery are housed next to the sliding doors of the decontamination room and discussion with Mr Irwin and staff confirmed that staff stand in the decontamination room whilst x-rays are

undertaken. It was explained to Mr Irwin and staff that the doors to the decontamination room should be closed during the decontamination process and the room should be dedicated to the decontamination process only. An area for improvement against the standards was identified to ensure the doors of the decontamination room are closed during the decontamination process. In order to ensure the health and safety of staff in relation to radiology, it was agreed that staff will continue with the current arrangements in relation to taking radiographs and the doors to the decontamination room should be closed at all other times when decontamination is in progress. The action required in relation to radiology is discussed further in the next section of the report.

Appropriate equipment, including a washer disinfectant and a steam steriliser, has been provided to meet the practice requirements. The washer disinfectant has been out of order for the past three weeks approximately and it was confirmed this had been reported and the engineer was waiting for a part to be delivered to progress repair. The illuminated magnification inspection light was relocated during the inspection to ensure the flow from dirty to clean areas during the decontamination process. 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. A soil test is not undertaken and recorded in respect of the washer disinfectant and staff were not aware if this was required for the make and model of this machine. An area for improvement against the standards was made to consult with the washer disinfectant manufacturer to determine if a soil test is required. If required, soil tests should be undertaken and recorded in the associated logbook at the recommended intervals.

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 27 June 2017.

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

Radiography

The practice has two 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. The OPG has been decommissioned.

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 measures are taken to optimise dose exposure. This included the use of rectangular collimation and six monthly x-ray quality grading audits.

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 location of the operator switches and controlled area for each surgery necessitates that staff have to stand in the decontamination room to press the operator button when taking x-rays. As discussed previously, the decontamination room should be dedicated to the decontamination process

and the doors to the decontamination room should be closed when decontamination is in progress. An area for improvement under the regulations has been identified that the radiation protection advisor (RPA) should be consulted on this matter and arrangements made to ensure that staff do not stand in the decontamination room when taking x-rays.

Mr Irwin confirmed that the RPA completes a quality assurance check every three years, however, records of the RPA's most recent report were not available. Mr Irwin submitted a copy of the RPA report dated January 2016 explaining these had been misfiled. Review of the report by the RPA demonstrated that the recommendations made have been addressed.

Mr Irwin confirmed that the x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

As discussed previously, x-ray quality grading audits are undertaken. However, although Mr Irwin and the associate dentist confirmed that x-ray justification and clinical evaluation is recorded in patients' records, these are not audited. An area for improvement against the standards has been identified in this regard. Justification and clinical evaluation recording audits should be carried out on an annual basis.

Environment

The environment was maintained to a fair standard of maintenance and décor. As discussed previously, Mr Irwin confirmed that he plans to refurbish his surgery within the next few months

Cleaning schedules were in place. Cleaning equipment was all the same colour, which had been marked with a colour code for the different identified areas. It was agreed that these would be marked or replaced to provide a clearer identification.

Arrangements are in place for maintaining the environment. This included relative anaesthesia (RA) gas equipment servicing and portable appliance electrical testing.

A legionella risk assessment was in place and water temperatures are monitored and recorded as recommended. Dental unit water lines (DUWLs) were being appropriately managed.

A fire risk assessment was in place and fire safety checks were recorded in the fire safety logbook. Staff demonstrated that they were aware of the action to take in the event of a fire.

Pressure vessels were inspected in December 2016 in keeping with the written scheme of examination of pressure vessels.

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

Seven patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Six patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. The following comment was provided in a submitted questionnaire response:

- “Staff always pleasant.”

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Two staff indicated they were very satisfied with this aspect of care and two indicated they were satisfied. 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 staff recruitment, induction, training, appraisal and safeguarding.

Areas for improvement

The doors of the decontamination room should be closed during the decontamination process. In order to ensure the health and safety of staff in relation to radiology, staff should continue with the current arrangements in relation to taking radiographs and the doors to the decontamination room should be closed at all other times when decontamination is in progress. On completion of the actions as outlined above in relation to radiology, the decontamination room should be dedicated to the decontamination process.

Consult with the washer disinfecter manufacturer to determine if a soil test is required for the make and model of the machine. If required, soil tests should be undertaken and recorded in the associated logbook at the recommended intervals.

Consult with the RPA regarding the location of the operator switches and make arrangements to ensure that staff do not stand in the decontamination room to press the operator button when taking x-rays.

X-ray justification and clinical evaluation recording audits should be carried out on an 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 Irwin and staff confirmed that clinical records are updated contemporaneously during each patient’s treatment session in accordance with best practice.

Mr Irwin and the associate dentist 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. Mr Irwin advised that he intends to implement an electronic record system within the next year.

Policies were available in relation to records management, data protection and confidentiality and consent. These were not reviewed during the inspection.

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of health promotion information leaflets available in the reception area. The practice has been involved in carrying out dental checks and delivering oral health promotion to children from overseas on an annual basis. The children visit the practice and are educated on the importance of a healthy diet and oral hygiene. Staff 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
- IPS HTM 01-05 compliance
- review of complaints/accidents/incidents

As discussed previously, an area for improvement was identified in relation to undertaking x-ray justification and clinical evaluation recording audits. It was suggested that the quality assurance process could be further developed through the introduction of clinical records audits.

Communication

Mr Irwin and the associate dentist confirmed that arrangements are in place for onward referral in respect of specialist treatments and template referral letters have been established.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

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

Patient and staff views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Six patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. No comments were included in submitted questionnaire responses.

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. Two staff indicated they were very satisfied with this aspect of care and two indicated they were satisfied. 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, 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. An interpreter service is available if required. 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, undertaken in June 2016, demonstrated that the practice proactively seeks the views of patients about the quality of treatment and other services provided.

Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

Patient and staff views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Six patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. No comments were included in submitted questionnaire responses.

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. Two staff indicated they were very satisfied with this aspect of care and two indicated they were satisfied. 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
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 Irwin 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 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 Irwin 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. As discussed previously, x-ray justification and clinical evaluation recording audits should be implemented and clinical records audits should be considered to further enhance the quality assurance 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 Irwin 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 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. Six patients indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. The following comment was provided in a submitted questionnaire response:

- “Excellent surgery, well managed, well treated, first class.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. Two staff indicated they were very satisfied with this aspect of the service and two indicated they were satisfied. 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, including the management of complaints, incidents and alerts, and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 Michael Irwin, 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 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 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 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>Area for improvement 1</p> <p>Ref: Regulation 25 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 3 October 2017</p>	<p>The registered person shall consult with the radiation protection advisor (RPA) regarding the location of the operator switches and make arrangements to ensure that staff do not stand in the decontamination room to press the operator button when taking x-rays.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: As of 14 August 2017, the registered person has consulted with the RPA and is awaiting advice as to how to proceed.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 3 October 2017</p>	<p>The registered person shall ensure that the doors of the decontamination room are closed during the decontamination process. In order to ensure the health and safety of staff in relation to radiology, staff should continue with the current arrangements in relation to taking radiographs and the doors to the decontamination room should be closed at all other times when decontamination is in progress with immediate effect.</p> <p>On completion of the actions as outlined in the area for improvement 1 against the regulations above, the decontamination room should be dedicated to the decontamination process.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: As above.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 3 August 2017</p>	<p>The registered person shall consult with the washer disinfectant manufacturer to determine if a soil test is required for the make and model of the machine.</p> <p>If required, soil tests should be undertaken and recorded in the associated logbook at the recommended intervals.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The washer disinfectant manufacturer has confirmed that soil tests are required for the model of the machine in use. The soil test has been completed, and going forward will be conducted and recorded quarterly in accordance with HTM 105 recommendations.</p>

Area for improvement 3	
Ref: Standard 8.3	The registered person shall ensure that x-ray justification and clinical evaluation recording audits are carried out on an annual basis.
Stated: First time	Ref: 6.4
To be completed by: 3 October 2017	Response by registered person detailing the actions taken: X-ray justification and clinical evaluation recording audits have been prepared and will be completed during the first week of September 2017. Going forward, these audits will be conducted annually in accordance with RQIA recommendations.

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



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