

Announced Care Inspection Report 9 June 2016



M A Irwin Dental Surgery

Service Type: Dental Service
Address: 5 Hightown Road, Glengormley, BT36 7TZ
Tel No: 028 9083 3650
Inspector: Norma Munn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of M A Irwin Dental Surgery took place on 09 June 2016 from 10:00 to 13:40.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mr Irwin, registered person, Ms Robinson, practice manager, and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One issue identified in relation to the provision of medical emergency equipment and one issue in relation to waste management were addressed immediately following the inspection. Four recommendations have been made in relation to safeguarding training, infection prevention control and decontamination and one recommendation has been stated for a second time in relation to issuing of contracts of employment/agreements.

Is care effective?

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

Is care compassionate?

Observations made, review of documentation and discussion with Mr Irwin, Ms Robinson and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection identified that further development is needed to ensure that effective leadership and governance arrangements are in place and create a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. A number of quality assurance processes were in place. However, issues were identified within the safe domain in relation to safeguarding training, infection prevention control and decontamination which relate to quality assurance and good governance. One recommendation has been made for a second time in relation to contracts of employment/agreements for staff.

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

Details of the QIP within this report were discussed with Mr Irwin and Ms Robinson as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Mr Michael Irwin	Registered manager: Mr Michael Irwin
Person in charge of the service 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

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Irwin, Ms Robinson, the associate dentist and two dental nurses. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 December 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 15 December 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 9 A (1) (f)</p> <p>Stated: Second time</p>	<p>The practice must prepare policies in a recognised format, typewritten and retained in an indexed file. The date of implementation and review should be recorded.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of several policies evidenced that the date of implementation and a review date had been recorded. Policies reviewed were prepared in a recognised format, typewritten and retained in an indexed file. Discussion with Ms Robinson demonstrated that the practice is regularly reviewing the policies in line with legislative and best practice.</p>	<p>Met</p>

<p>Requirement 2</p> <p>Ref: Regulation 9 A (1) (f)</p> <p>Stated: First time</p>	<p>The registered person must submit the following policies to RQIA by 15 February 2016:</p> <ul style="list-style-type: none"> • Infection, prevention and control • Safeguarding vulnerable adults and children • Management of medical emergencies • Radiology • Record management • Recruitment <p>The policies must be in line with current legislation and best practice guidance.</p> <p>Action taken as confirmed during the inspection: Policies requested were submitted to RQIA on 15 February 2016. The policies were in line with current legislation and best practice with the exception of safeguarding of adults policy. This was discussed with Ms Robinson who agreed on the day of the inspection to make minor amendments to update the policy in accordance with the new regional guidance issued in July 2015 entitled "Adult Safeguarding Prevention and Protection in Partnership."</p>	<p>Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>Sharps boxes should be signed and dated on assembly and final closure.</p> <p>Action taken as confirmed during the inspection: Discussion with Ms Robinson and observation of sharps boxes confirmed that they have been dated and signed accordingly.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>The floor covering provided in the surgeries should be impervious, sealed or coved at the edges and sealed where the cabinetry meets the flooring.</p> <p>Action taken as confirmed during the inspection: It was observed that the flooring in both surgeries had been replaced in keeping with Health Technical Memorandum (HTM) 01-05 guidance Decontamination in primary care dental practices.</p>	<p>Met</p>

<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>The overflows in the hand-washing basins in the surgeries should be sealed using a stainless steel plate and anti-bacterial mastic and the plugs should be removed.</p> <hr/> <p>Action taken as confirmed during the inspection: It was observed that the overflows in the hand wash basins in the surgeries have been blanked off and no plugs were in use.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>It is recommended that the Glucagon medication is stored in keeping with the manufacturer's guidance. If stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained. If stored at room temperature a revised expiry date of 18 months from the date of receipt should be recorded on the medication packaging and the expiry date checklist to show that the cold chain has been broken.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with Ms Robinson confirmed that Glucagon medication is kept out of the fridge. It was observed that a revised expiry date of 18 months from the date of receipt had been recorded on the packaging.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>It is recommended that a self-inflating bag with reservoir suitable for use with children, an oxygen mask and oropharyngeal airways in various sizes are provided as recommended in the Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013).</p> <hr/> <p>Action taken as confirmed during the inspection: Oxygen masks and oropharyngeal airways had been provided. However, two adult self-inflating bags were in place and a self-inflating bag with reservoir suitable for use with children had not been provided. Ms Robinson contacted RQIA by telephone on 13 June 2016 to confirm that this piece of equipment had been provided.</p>	<p>Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>Develop a system to ensure that emergency equipment is checked and does not exceed the expiry date.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of documentation evidenced that a system has been developed to ensure that emergency equipment is checked monthly so that it does not exceed the expiry date.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>Staff personnel files for newly recruited staff, including self-employed staff should contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with Ms Robinson confirmed that no new staff have been recruited since the previous inspection. Ms Robinson is aware that should staff be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.</p>		
<p>Recommendation 8</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>All staff who work in the practice, including self-employed staff should be provided with a contract/agreement.</p> <p>Records of contracts/agreements should be retained in the personnel files of any new staff recruited.</p>	<p style="text-align: center;">Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Ms Robinson confirmed that none of the staff working in the practice have a contract of employment/agreement in place. Staff spoken with confirmed that they would like to be issued with a contract of employment/ agreement. This was discussed with Ms Robinson and Mr Irwin. This recommendation has not been addressed and has been stated for a second time.</p>		

Recommendation 9	A record of induction and job descriptions should be retained for each staff member.	Met
	Ref: Standard 11.3 Stated: First time Action taken as confirmed during the inspection: Ms Robinson confirmed that should staff be recruited in the future a record of induction and job descriptions will be retained.	

4.3 Is care safe?

Staffing

Two dental surgeries are in operation in this practice. Discussion with Ms Robinson and 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.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within 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. 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 Robinson confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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

Safeguarding

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

Discussion with Ms Robinson and staff confirmed that staff had not received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. This was discussed with Ms Robinson who has agreed to source this training for staff to attend. A recommendation has been made.

Policies and procedures were in place for the safeguarding and protection of adults and children. The policy 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. Ms Robinson has agreed to provide a copy of the new regional guidance issued in July 2015 entitled "Adult Safeguarding Prevention and Protection in Partnership" for staff reference and will update the practice's policy for safeguarding adults in keeping with the new regional guidance.

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 a self-inflating bag with reservoir suitable for use with children. As discussed previously Ms Robinson contacted RQIA by telephone on 13 June 2016 to confirm that this piece of equipment had been provided. 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

Clinical and decontamination areas were generally tidy and uncluttered and work surfaces were intact and easy to clean. One of the surgeries was observed to be cluttered with items stored on worktops. This was discussed with Mr Irwin who agreed to declutter the surgery in order that staff can clean the worktops effectively. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Clinical waste bins in the surgeries and decontamination area were observed to be hand operated. This is not in keeping with best practice. RQIA received confirmation by telephone on 13 June 2016 that foot operated clinical waste bins had been provided. Staff were observed to be adhering to best practice in terms of uniform and hand hygiene policies. However, Chlorhexidine (Hibiscrub) was observed in the surgeries and decontamination area. Staff confirmed that Chlorhexidine (Hibiscrub) has been used to clean hands and also to pre clean dental instruments prior to being processed in the washer disinfectant. This is not in keeping with best practice and a recommendation has been made.

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

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including one washer disinfecter and one 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.

It was observed that separate pre-printed logbooks were available for each piece of equipment used in the decontamination process. However, review of the logbook for the steriliser demonstrated that an inconsistent approach is taken to recording the details of the daily automatic control test (ACT) and daily steam penetration test. This practice is not in keeping with HTM 01-05 Decontamination in primary care dental practices. This was discussed with Ms Robinson and the dental nurses and a recommendation has been made to address this.

Ms Robinson confirmed that although the practice has been carrying out infection control audits they had not been using the Infection Prevention Society (IPS) audit tool HTM 01-05. Mr Irwin has agreed to action this. A recommendation has been made to address this.

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. 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. 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.

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. Fire detection systems and fire-fighting equipment had been tested during April 2016 and portable appliance testing (PAT) had been carried out during January 2016.

A legionella risk assessment had been undertaken and water temperatures have been monitored and recorded as recommended.

A fire risk assessment had been undertaken. Staff demonstrated that they were aware of the action to take in the event of a fire. The most recent fire drill had been undertaken during May 2016.

A copy of the written scheme of examination of pressure vessels was forwarded to RQIA by post on 17 June 2016.

Patient and staff views

Twelve patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

Comments provided included the following:

‘Very professional setup, good hygiene.’
‘Staff are always at hand, courteous and helpful.’

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

Areas for improvement

Training in safeguarding of adults and children should be provided in accordance with the Minimum Standards for Dental Care and Treatment (2011).

Review the use of Chlohexidine (Hibiscrub) in relation to hand hygiene and the manual cleaning of dental instruments in keeping with HTM 01-05.

Details of periodic tests undertaken should be consistently recorded in machine logbooks in keeping with HTM 01-05.

The Infection Prevention Society (IPS) audit tool should be undertaken six monthly in accordance with HTM 01-05.

Number of requirements:	0	Number of recommendations:	4
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4.4 Is care effective?

Clinical records

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

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

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. There was a range of health promotion information leaflets available in the reception area. The practice has been involved in delivering 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
- x-ray justification and clinical evaluation recording
- review of complaints

Communication

The associate dentist confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that recent staff meetings and the introduction of staff appraisals has raised morale and improved communication within the team.

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

Patient and staff views

All twelve patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

Comments provided included the following:

'Kept informed on all aspects and treatment.'

'I am an extremely nervous patient - the service I receive is invaluable to me.'

Four 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. Staff spoken with during the inspection concurred with this.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

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

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

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

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

Patient and staff views

All twelve patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

Comments provided included the following:

'Most definitely treated with dignity and respect, receiving personal care.'

'My care is discussed and agreed and I have total faith in their approach and ability.'

Four 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. Staff spoken with during the inspection concurred with this.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

Management and governance arrangements

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

Policies and procedures were available for staff reference. As discussed previously policies and procedures were indexed, dated and a number of policies had been rewritten and reviewed. Ms Robinson confirmed that policies would be 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 2015 to 31 March 2016.

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.

Ms Robinson 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 previously discussed the infection control audit should be completed using the Infection Prevention Society (IPS) audit tool HTM 01-05 and any issues identified should be addressed.

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’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.

As discussed previously a recommendation made during the previous inspection in regards to contracts of employment/agreements that has not been addressed and has been stated for a second time. In addition issues were identified within the safe domain in relation to safeguarding training, infection prevention control and decontamination which relate to quality assurance and good governance.

Patient and staff views

All twelve patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

“Excellent staff, highly motivated to give the best personal care.”

“Excellent service, very friendly and yet professional. I have been going there for years and wouldn’t think of going anywhere else!”

Four submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

Areas for improvement

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.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Irwin, registered person and Ms Robinson, practice manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Independent.Healthcare@rqia.org.uk and assessed by the inspector.

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

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p> <p>To be completed by: 09 August 2016</p>	<p>All staff who work in the practice, including self-employed staff should be provided with a contract/agreement.</p> <p>Records of contracts/agreements should be retained in the personnel files of any new staff recruited.</p> <p>Response by registered person detailing the actions taken: Contracts with employees, and agreements with service providers, will be issued to all those who work at the Practice, including those who are self-employed, by w/e 22 July 2016.</p>
<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 09 June 2016</p>	<p>Review the use of Chlorhexidine (Hibiscrub) in keeping with HTM01-05.</p> <p>Response by registered person detailing the actions taken: Chlorhexidine is no longer in use and has been replaced with Dentisan, in keeping with HTM01-05.</p>
<p>Recommendation 3</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 09 August 2016</p>	<p>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).</p> <p>Response by registered person detailing the actions taken: Materials for training in safeguarding of adults and children have been sourced, and the delivery of such training to all staff is scheduled to take place on Wednesday 21 July 2016.</p>
<p>Recommendation 4</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 09 June 2016</p>	<p>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.</p> <p>Response by registered person detailing the actions taken: The daily tests on the steriliser, which were formerly documented and evidenced weekly, are now manually recorded on a daily basis in the steriliser logbook.</p>
<p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 09 July 2016</p>	<p>The Infection Prevention Society (IPS) audit tool should be undertaken six monthly in accordance with HTM 01-05.</p> <p>Response by registered person detailing the actions taken: The IPS audit tool was undertaken and completed on 7 July 2016, and is scheduled in the Practice Management Diary to be completed on a 6 month basis.</p>



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