

Announced Care Inspection Report 26 January 2018



Michael Gillen Dental Surgery

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

Address: 305 Cavehill Road, Belfast, BT15 5EY

Tel no: 028 9071 5211

Inspector: Stephen O'Connor

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with two registered places.

3.0 Service details

Organisation/Registered Provider: Mr Michael Gillen	Registered Manager: Mr Michael Gillen
Person in charge at the time of inspection: Mr Michael Gillen	Date manager registered: 17 August 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 26 January 2018 from 10:00 to 12:45.

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, recruitment, safeguarding, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

One area for improvement against the standards was made in regards to the arrangements for accessing an automated external defibrillator (AED).

All patients who submitted questionnaire responses indicated that they were very satisfied with the standard of care and treatment they received. The following comments were included in submitted patient questionnaires:

- “Excellent staff well looked after at every visit.”
- “Excellent treatment as always.”

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Michael Gillen, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 12 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 December 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 Michael Gillen, registered person, and two dental nurses, one of which primarily covers the reception desk. A tour of the premises was also undertaken.

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

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

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

The findings of the inspection were provided to Mr Gillen, registered person, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 December 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 12 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (1) (2) Stated: First time	The registered provider must ensure that the following issues are addressed: <ul style="list-style-type: none"> • x-ray quality grading audits should be completed on a six monthly basis • x-ray justification and clinical evaluation recording audits should be completed on an annual basis • x-ray equipment should be serviced and maintained in accordance with manufacturer's instructions • staff training records should be retained 	Met
	Action taken as confirmed during the inspection: Review of the radiation protection file evidenced that x-ray quality grading audits have been completed six monthly, x-ray justification and clinical evaluation recording audits have been completed annually, that the x-ray equipment had been serviced during September 2017 and staff training records had been included.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1	The induction process should be formalised and a record of induction retained in respect	Met

<p>Ref: Standard 11.3</p> <p>Stated: First time</p>	<p>of any new staff commencing employment.</p> <p>Action taken as confirmed during the inspection: It was confirmed that no new staff have been recruited since the previous inspection. Review of records evidenced that role specific induction programmes are available should staff be recruited in the future.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The appraisal system should be formalised. Appraisal should be carried out with each staff member on an annual basis and records retained.</p> <p>Action taken as confirmed during the inspection: A record of appraisal for one staff member was reviewed. Mr Gillen confirmed that appraisals will be completed on an annual basis. Staff spoken with confirmed that they had an appraisal during 2017.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 11.4</p> <p>Stated: First time</p>	<p>A system should be implemented to monitor and ensure that the General Dental Council (GDC) continuous professional development (CPD) requirements, as applicable, and other mandatory training is met by all staff in the practice.</p> <p>Action taken as confirmed during the inspection: Mr Gillen confirmed that CPD is discussed and reviewed during staff appraisals. Staff confirmed that they retain their CPD records in the practice.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The following records should be retained in the practice and be available for inspection:</p> <ul style="list-style-type: none"> • a record of all documentation relating to the recruitment process • a record of training and professional development activities completed by staff • a record of the annual appraisal for each member of staff <p>Action taken as confirmed during the inspection: As discussed no new staff have been recruited since the previous inspection. Mr Gillen confirmed that should staff be recruited in the future that all documentation in relation to the</p>	Met

	recruitment process would be retained. Both dental nurses confirmed during discussion that they keep their records of continuing professional development (CPD) in the practice and these were available for review. As discussed one completed appraisal record was reviewed.	
Area for improvement 5 Ref: Standard 11.1 Stated: First time	The information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained in respect of any new staff recruited.	Met
	Action taken as confirmed during the inspection: As discussed no new staff have been recruited since the previous inspection. However, review of records evidenced that a recruitment checklist is available should staff be recruited in the future.	
Area for improvement 6 Ref: Standard 11.2 Stated: First time	Information pertaining to enhanced AccessNI checks should be retained in keeping with AccessNI's code of practice and should include the dates the check was applied for and received, the unique identification number and the outcome of the check.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that a template has been developed to record all relevant information contained within AccessNI enhanced disclosure checks. Discussion with Mr Gillen evidenced that he is fully aware of the procedures in regards to undertaking AccessNI enhanced disclosure checks to include the handling of checks in keeping with the AccessNI code of practice.	
Area for improvement 7 Ref: Standard 15 Stated: First time	The safeguarding children and adults policy should be reviewed and updated to reflect new regional guidance.	Met
	On completion of the policy review staff training should be provided. Arrangements established to ensure that refresher training is provided every two years as outlined in the Minimum Standards for Dental Care and Treatment 2011. Training records should be retained.	

	<p>Action taken as confirmed during the inspection: Review of the safeguarding policies evidenced that they had been updated to refer the reader to the regional guidance and policy documents. Review of records evidenced that staff have completed refresher training during October 2017 and Mr Gillen confirmed that refresher training would be provided every two years.</p>	
<p>Area for improvement 8 Ref: Standard 12.4 Stated: First time</p>	<p>Daily fridge temperatures should be recorded to evidence that the Glucagon medication is stored between 2 and 8 degrees centigrade in keeping with the manufacturer's instructions.</p> <p>Action taken as confirmed during the inspection: It was confirmed that Glucagon is stored in the fridge and review of records evidenced that fridge temperatures are monitored daily and results recorded.</p>	Met
<p>Area for improvement 9 Ref: Standard 13.2 Stated: First time</p>	<p>The waste bin in the toilet facility should be replaced with a pedal operated bin.</p> <p>Action taken as confirmed during the inspection: It was observed that the waste bin in the toilet was pedal operated.</p>	Met
<p>Area for improvement 10 Ref: Standard 13.2 Stated: First time</p>	<p>Compliance with Health Technical Memorandum (HTM) 01-05 should be audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool.</p> <p>An action plan should be generated to address any issues identified.</p> <p>Action taken as confirmed during the inspection: Review of records evidenced that the most recent occasion the IPS audit was completed was during October 2017. Mr Gillen is aware that this audit should be completed every six months.</p>	Met
<p>Area for improvement 11 Ref: Standard 12.5 Stated: First time</p>	<p>Staff should be provided with fire safety awareness training on an annual basis.</p> <p>Fire drills should be undertaken annually.</p> <p>Records should be retained.</p>	Met

	<p>Action taken as confirmed during the inspection: Review of records evidenced that staff completed fire safety awareness training and participated in fire drills during 2017.</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

Two dental surgeries are available in this practice; however, only one surgery is in routine operation. 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.

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. A review of a sample of one evidenced that appraisals had been completed on an annual basis. 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 Gillen 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.

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).

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.

Following the inspection the following documents were forwarded to the practice by email:

- 'Co-operating to Safeguard Children and Young people in Northern Ireland' (March 2016)
- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). A discussion took place in regards to the procedure for the safe administration of Buccolam and Adrenaline medications and the various doses and quantities needed for each medication as recommended by the Health and Social Care Board (HSCB) and the BNF. Mr Gillen has given assurances that in the event of a medical emergency all medications will be administered as recommended by the HSCB and the BNF.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an automated external defibrillator (AED). Mr Gillen confirmed that arrangements are in place to access an AED located in another dental practice. However, it could not be determined if this AED could be accessed within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines. Mr Gillen was advised that if using an AED not located in the practice he must be able to demonstrate that the AED can be accessed within three minutes of collapse. Mr Gillen was advised to undertake timed drills in order to evidence that the AED can be accessed within three minutes. An area for improvement against the standards has been made in this regard.

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. The most recent occasion staff completed medical emergency refresher training was during September 2017.

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.

There was a policy for the management of medical emergencies and protocols outlining the local procedure for dealing with the various medical emergencies available for staff reference.

Infection prevention control and decontamination procedures

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

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and a steam steriliser have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated during September 2017. 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 October 2017.

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

Radiography

The practice has two surgeries, however, only the operational dental surgery has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audits.

A copy of the local rules was on display near the 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 dated October 2017 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 fair 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 to include annual servicing of the oil fired central heating burner and firefighting equipment. Portable appliance testing (PAT) of electrical equipment is undertaken every two years.

A legionella risk assessment was completed in house and water temperatures are monitored and recorded as recommended.

A fire risk assessment was completed in house and fire safety awareness training and fire drills are undertaken. Staff demonstrated that they were aware of the action to take in the event of a fire.

Mr Gillen confirmed that arrangements are in place to ensure the legionella and fire risk assessments are reviewed on an annual basis.

Review of documentation evidenced that the pressure vessels in the practice have been inspected during January 2017, 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

Fourteen patients submitted questionnaire responses to RQIA. All 14 patients indicated that they felt their care was safe. Comments included in submitted patient questionnaires can be found in section 4.0 of this report.

Three staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and indicated 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 staff recruitment, induction, training, appraisal, safeguarding, infection prevention control and decontamination procedures, radiology and the environment.

Areas for improvement

The practice must be able to demonstrate that they access to an automated external defibrillator (AED) within three minutes of collapse.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Clinical records

Mr Gillen and staff confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Mr Gillen 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. Mr Gillen confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

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. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. Oral health and hygiene information leaflets are available in the practice and models are used for demonstration purposes during discussions. A range of oral health products are available for purchase in the practice and free samples of toothpaste and mouth wash are distributed.

Audits

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording

- IPS HTM 01-05 compliance

Communication

Mr Gillen confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

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

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

Patient and staff views

All 14 patients who submitted questionnaire responses indicated that they felt their care was effective and that they were very satisfied with this aspect of care.

All three 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 one 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, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity, respect and involvement in decision making

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

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

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

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report dated October 2017 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 14 patients who submitted questionnaire responses indicated that they felt their care was compassionate and indicated they were very satisfied with this aspect of care.

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 one 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 Gillen is the 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 Gillen 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 Gillen, registered person, 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 14 patients who submitted questionnaire responses indicated that they felt that the service is well led/managed and indicated they were very satisfied with this aspect of the service.

All three 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 one 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, management of complaints and incidents, quality improvement 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 Gillen, 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 26 February 2018</p>	<p>The registered person must be able to demonstrated that that they have timely access to an automated external defibrillator (AED) (within three minutes of collapse) in keeping with the Resuscitation Council UK Guidelines - Quality standards for cardiopulmonary resuscitation practice and training - Primary dental care - Quality standards (May 2017).</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: We hope/ will be in possession of an AED within the next week or so.</p>

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



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