

Announced Care Inspection Report

23 May 2016



Joan Mangan & Associates Dental Practice

Service Type: Dental Service

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Inspector: Stephen O'Connor

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Joan Mangan & Associates Dental Practice took place on 23 May 2016 from 14:00 to 16:30.

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 Ms Mangan, registered person, and staff demonstrated that a number of issues need to be addressed 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. Two requirements have been made in relation to periodic tests of the decontamination equipment and in relation to radiation safety and protection. Five recommendations have been made. These relate to establishing timely access to an automated external defibrillator, the further development of the medical emergency policy, staff appraisal, the recording of AccessNI information, confirming that the steam sterilisers have been validated and ensuring the DAC Universal is operational.

A requirement had been made during the previous care inspection regarding the recruitment and selection of staff. This requirement had not been addressed and issues of concern were again identified during this inspection in relation to the recruitment and selection of staff. RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been continuously compromised.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice.

A meeting was held on 31 May 2016 at the offices of RQIA. As a result a failure to comply notice was issued. The failure to comply notice relates to staff recruitment practices. The date by which compliance must be achieved is 03 August 2016.

Is care effective?

Observations made, review of documentation and discussion with Ms Mangan and staff demonstrated that further development is needed to ensure that care provided in the establishment is effective. Areas reviewed included clinical records, health promotion, audits and communication. Recommendations that a copy of the Information Commissioners Office (ICO) registration certificate should be forwarded to RQIA and to undertake infection prevention and control audits have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Ms Mangan 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 evidenced some deficits in terms of leadership and governance arrangements. 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 significant number of requirements and recommendations have been made to address the deficits identified during this inspection. In addition a recommendation has been made to review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Whilst Ms Mangan demonstrated a clear understanding of her role and responsibility in accordance with legislation and registration with RQIA, completed QIPs and other information requested by RQIA have, consistently, not been submitted within the specified timescales. In addition one requirement and four recommendations made during the previous inspection were either partially met or not met. Recommendations have been made regarding the submission of information to RQIA in a timely manner and addressing requirements and recommendations within the specified timescales.

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	2	11

Details of the QIP within this report were discussed with Ms Joan Mangan, 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.

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: Ms Joan Mangan	Registered manager: Ms Joan Mangan
Person in charge of the service at the time of inspection: Ms Joan Mangan	Date manager registered: 11 March 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

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 Ms Joan Mangan, registered person, an associate dentist and a dental nurse. 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 12 August 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 12 August 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person must address the following issues in relation to AccessNI checks:</p> <ul style="list-style-type: none"> • an enhanced AccessNI check must be undertaken and received in respect of the identified staff member; • enhanced AccessNI checks must be undertaken and received prior to any new staff, including self-employed staff commencing work in the practice; and • AccessNI disclosure certificates must be handled in keeping with the AccessNI code of practice. 	<p>Not Met and subsumed into a Failure to Comply Notice</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation and discussion with Ms Mangan evidenced that the enhanced AccessNI check for the staff member identified during the previous inspection was undertaken and received by the practice during April 2016, some nine months after the initial requirement had been made and 19 months after the staff member had commenced employment. It was also identified that two new members of staff commenced employment during November 2015 and that the enhanced AccessNI checks in respect of these staff members were undertaken and received during April 2016 some five months after they had commenced employment.</p> <p>This requirement has not been met and has been subsumed into a Failure to Comply Notice.</p>	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11.2 Stated: Second time	Records should be retained regarding the Hepatitis B immunisation status of all clinical staff.	Met
	Action taken as confirmed during the inspection: Review of a sample of staff personnel files evidenced that each file reviewed included records confirming the hepatitis B immunisation status of the staff member.	
Recommendation 2 Ref: Standard 13 Stated: Second time	The DAC Universal logbook should be further developed to include the periodic tests for a steriliser and a fault history.	Not Met
	The periodic tests for a steriliser should be undertaken and recorded for the DAC Universal.	
	Action taken as confirmed during the inspection: Review of documentation demonstrated that templates are used to record the results of periodic tests in respect of the DAC Universal. It was observed that the periodic tests in respect of a washer disinfectant to include the weekly protein test had been recorded in respect of the DAC. However, the details of the daily automatic control test (ACT) and the steam penetration test had not been recorded. It was also observed that the last entry in the DAC Universal logbook was dated week commencing 26 February 2016. Ms Mangan confirmed that the DAC Universal had not been working since February 2016 when maintenance works were completed in relation to the reverse osmosis water system which supplies water to the DAC Universal. Ms Mangan produced templates that had been sourced to record both the washer disinfectant and steam steriliser periodic tests in respect of the DAC Universal. Review of these templates demonstrated that they included all the required information. However, they had not been implemented. Additional issues in relation to periodic tests in respect of the steam sterilisers were identified.	
	This recommendation has not been met and as a result of the issues identified a requirement has	

	been made.	
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Recommendation 3 Ref: Standard 12.4 Stated: First time	<p>It is recommended that portable suction, clear face masks suitable for use with children and oropharyngeal airways in a variety of sizes as recommended by the Resuscitation Council (UK) guidelines should be provided.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of medical emergency equipment demonstrated that all equipment as specified in this recommendation was available in the practice.</p>	
Recommendation 4 Ref: Standard 12.4 Stated: First time	<p>It is recommended that the availability of an automated external defibrillator (AED) should be reviewed. Ms Mangan should seek advice and guidance from her medico-legal advisor in this regard.</p>	Partially Met
	<p>Action taken as confirmed during the inspection: Ms Mangan confirmed that she reviewed the frequently asked questions (FAQ's) section of the website operated by her medico-legal advisor. One of the FAQ's pertained to the provision of an AED. Ms Mangan confirmed that it advised that the provision of an AED was not a statutory or mandatory obligation. However, it also advised that failure to use an AED on a collapsed patient may result in a member of the dental team being challenged if it can be shown that it could have favourably influenced the outcome. During discussion it was established that the practice does not have an AED or established formal arrangements to have timely access to an AED.</p> <p>This recommendation has been partially met and a new recommendation has been made in regards to the practice having timely access to an AED.</p>	

<p>Recommendation 5</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>It is recommended that the medical emergency policy is further developed to reflect best practice guidance. The policy should be further developed to include the following information:</p> <ul style="list-style-type: none"> • a list of emergency medicines and equipment available; • the checking procedures for emergency medicines and equipment; • the procedure for documenting medical emergencies; and • the procedure to be followed in regards to staff debriefing following a medical emergency. <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Ms Mangan confirmed that the medical emergency policy had not been further developed as she had a few queries she wanted to clarify with RQIA prior to the policy being further developed. A discussion was held in regards to the content of the medical emergency policy.</p> <p>This recommendation had not been addressed and it has now been stated for the second time.</p>	<p>Not Met</p>
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<p>Recommendation 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>It is recommended that information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited. In addition to the information currently retained this should include:</p> <ul style="list-style-type: none"> • evidence that an enhanced AccessNI check was received prior to commencement of employment; • two written references; • criminal conviction declaration on application; and • confirmation that the person is physically and mentally fit to fulfil their duties. 	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Two staff have commenced employment in the practice since the previous inspection. A review of the staff personnel files for the identified staff members demonstrated that the files included all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>As discussed previously it was evidenced that the AccessNI enhanced disclosure checks had been received some five months after the identified staff members' commenced employment.</p> <p>The procedures for undertaking and receiving enhanced AccessNI checks has been subsumed into a failure to comply notice.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>It is recommended that records should be retained confirming the professional indemnity status of registered dental professionals who require individual professional indemnity cover.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of staff personnel files demonstrated that records confirming the professional indemnity status of registered dental professionals had been retained.</p>		

4.3 Is care safe?

Staffing

Four 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 two evidenced that induction programmes had been completed when new staff joined the practice.

Ms Mangan and staff confirmed that no arrangements are in place for appraising staff performance on an annual basis. A recommendation was made that a system should be implemented for appraising staff performance at least on an annual basis.

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

During the announced inspection on 12 August 2015 it was identified that one staff member had commenced employment in Joan Mangan & Associates Dental Practice without the required AccessNI enhanced disclosure check having being undertaken. A requirement was made to address this.

A review of documents and discussion with Ms Mangan identified that the AccessNI enhanced disclosure check for the previously identified staff member had not been received until April 2016, some nine months after the initial requirement had been made and 19 months following commencement of their employment.

A review of the submitted staffing information and discussion with Ms Mangan confirmed that two staff members had commenced employment in the practice during November 2015. 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. However, it was identified that the AccessNI enhanced disclosures checks has not been received until April 2016, some five months following commencement of employment.

Despite having raised these matters during a previous inspection RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being continuously compromised.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice. A meeting was held on 31 May 2016 at the offices of RQIA. As a result a failure to comply notice was issued. The date by which compliance must be achieved is 03 August 2016.

It was also observed that the recording of AccessNI enhanced disclosure certificates in relation to the three records reviewed was not in keeping with the AccessNI Code of Practice. The only details recorded were the name of the staff member and the unique AccessNI serial number of the check. In addition to the information recorded the following information should be recorded:

- a record of the date that the application form was submitted to the umbrella organisation
- a record of the date the Enhanced Disclosure check was received by the practice
- the date and outcome of the registered persons consideration of the information contained on the certificate

A recommendation has been made to address this.

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.

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. A Northern Ireland Medical and Dental Training Agency (NIMDTA) in practice training course on child protection has been scheduled for the 9 June 2016.

It was established that two distinct safeguarding policies for the safeguarding and protection of adults and children were available for staff review.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). It was observed that the format of buccal Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). Ms Mangan was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

It was observed that in the main, emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. As discussed previously it was confirmed that an AED is not available in the practice and arrangements to access an AED in a timely manner have not been established. A recommendation has been made to address this. 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.

As discussed a recommendation was made during the previous care inspection on 12 August 2015 to further develop the medical emergency policy. It was confirmed that this recommendation had not been addressed and it has been stated for a second time.

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 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 a washer disinfector, a DAC Universal and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that the washer disinfector and DAC Universal have been appropriately validated. However, it was established that the steam sterilisers have not been validated since August 2014. This is not in keeping with best practice guidance. Ms Mangan confirmed that a service engineer is scheduled to validate the steam sterilisers; however, documentation confirming this could not be located. It was also observed that information in respect of the sterilisers has been recorded in different documents making it difficult to ascertain what records pertain to what steriliser including the relevant periodic tests that had been undertaken. Review of records in respect of the steam sterilisers demonstrated that the details of the daily automatic control test (ACT) were not recorded.

As discussed previously the DAC Universal has not been operational since February 2016. A recommendation has been made in regards to steam sterilisers validation certificates and ensuring the DAC Universal is operational. Review of documentation demonstrated that the periodic tests recorded in respect of the DAC Universal were not in keeping with the 2013 edition of Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. The issues identified in relation to periodic testing of the DAC Universal and steam sterilisers were discussed with Ms Mangan and a requirement has been made to address them.

The lead infection prevention and control person was not working on the day of inspection and it could not be verified if the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. This is discussed further in section 4.4 of this report.

Radiography

The practice has four 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 identified a number of issues as follows:

- a radiation protection advisor (RPA) critical examination report in respect of the x-ray equipment dated 09 March 2015 was retained in the file, however, not all recommendations made within the report had been addressed
- records confirming the entitlement of IR(ME)R duty holders by the radiation protection supervisor (RPS) had not been completed
- it was observed that the local rules had not been signed by the appropriate staff to confirm they had read and understood them

These issues were discussed with Ms Mangan and a requirement has been made to address them.

Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

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 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 to include the annual servicing of the oil burner and portable appliance testing (PAT) every three years.

A legionella risk assessment has been completed and legionella control measures implemented to include the monitoring of sentinel hot and cold water temperatures.

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

Patient and staff views

Sixteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- "No concerns, staff always friendly and helpful. Relaxed atmosphere"
- "Excellent patient focused practice"

Seven staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm.

Areas for improvement

The procedure for undertaking and recording the results of periodic tests in respect of the DAC Universal and steam sterilisers should be reviewed. Periodic testing and recording must be in keeping with the 2013 edition HTM 01-05.

A system should be implemented for appraising staff performance at least on an annual basis.

Information within AccessNI enhanced disclosure certificates should be recorded.

Arrangements should be established to ensure that the practice has timely access to an AED.

The medical emergency policy must be further developed to ensure that it fully reflects best practice guidance.

The validation certificates for the steam sterilisers should be submitted to RQIA and necessary repairs undertaken to ensure the DAC Universal is operational.

Identified issues in relation to radiology and radiation safety must be addressed.

Number of requirements:	2	Number of recommendations:	5
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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 that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

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

It was confirmed that policies were available in relation to records management, data protection and confidentiality and consent.

Ms Mangan confirmed that the practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established. However the ICO certificate of registration was not available for review. A recommendation has been made that a copy of the ICO registration certificate is submitted to RQIA.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. It was observed that posters promoting oral health and hygiene were on display. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. Information leaflets are available and models are used to demonstrate brushing techniques. It was confirmed that an associate dentist in the practice has presented oral hygiene information sessions to pre-school children.

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

As outlined previously it could not be verified if the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. A recommendation was made that compliance with HTM 01-05 should be audited on a six monthly basis using the 2013 IPS audit tool and records retained.

Communication

Ms Mangan confirmed that arrangements are in place for onward referral in respect of specialist treatments.

It was confirmed that two staff meetings have been held during 2016 and that going forward monthly staff meetings to discuss clinical and practice management issues have been arranged. 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 16 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:

- “Staff polite and considerate”
- “Staff always try and accommodate with appointments”

All seven staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. The following comment was provided:

- “The practice always ensures that patients’ needs come first”

Areas for improvement

A copy of the ICO registration certificate should be forwarded to RQIA.

Compliance with HTM 01-05 should be audited on a six monthly basis using the IPS audit tool and records retained.

Number of requirements:	0	Number of recommendations:	2
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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.

Clinical staff confirmed that treatment options, including the risks and benefits, were discussed with each patient to ensure they understood what treatment is available to them in order that they could make an informed choice. Discussion with 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 16 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:

- "Always put at ease by staff"
- "Very pleasant and welcoming surgery"

All seven 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. The following comment was provided:

- "Could offer more with regards to suggestion boxes"

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. There was a nominated individual with overall responsibility for the day to day management of the practice.

As outlined in the previous domains of is care safe and effective a number of issues were identified which indicate a lack of governance and oversight arrangements of the processes in place at this practice. Regular auditing and reviewing of these processes would enable the registered person to identify the issues outlined and improve the overall quality of the service being provided.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. 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.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

The RQIA certificate of registration was up to date and displayed appropriately.

Ms Mangan confirmed that the practice has public and employers liability insurance policies in place. However, the insurance certificate was not available for review and a recommendation has been made to address this.

Whilst Ms Mangan demonstrated a clear understanding of her role and responsibility in accordance with legislation and registration with RQIA, completed QIPs and other information requested by RQIA have, consistently, not been submitted within the specified timescales. This matter has been discussed on a number of occasions with Ms Mangan. A

recommendation was made that any information requested by RQIA, and specifically the completion of a QIP, is submitted within the timescales specified.

Review of the previous QIP identified that one requirement and four of the seven recommendations were either only partially met or not met. The registered person should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame. As discussed previously issues of concern were identified during this inspection in relation to the recruitment and selection of staff. RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been continuously compromised. As a result a failure to comply notice was issued. The date by which compliance must be achieved is 03 August 2016.

Evidence gathered during the inspection has identified a number of issues which could affect the delivery of safe and effective care, all of which have an impact on quality assurance and good governance. Two requirements and ten recommendations have been made in order to progress improvement in identified areas. The lack of governance arrangements within the practice and the requirements and recommendations made during this inspection must be actioned to ensure improvements are made. It is important these are kept under review to ensure improvements are sustained. An additional recommendation was made to review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Patient and staff views

All 16 patients who submitted questionnaire responses indicated that they feel that the service is well managed. The following comment was provided:

- “Service within the surgery is excellent”

All seven submitted staff questionnaire responses indicated that they felt that the service is well led.

Areas for improvement

A copy of the practices employers and public liability insurance certificates should be forwarded to RQIA.

Any information requested by RQIA, and specifically the completion of a QIP, should be submitted within the timescales specified.

The registered person should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame.

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

Number of requirements:	0	Number of recommendations:	4
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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 Ms Joan Mangan, registered person, 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	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 15 (3)</p> <p>Stated: First time</p> <p>To be completed by: 23 June 2016</p>	<p>The registered person must review the procedure for undertaking and recording the results of periodic tests in respect of the DAC Universal and steam sterilisers. Periodic testing and recording must be in keeping with the 2013 edition HTM-01-05</p> <p>Response by registered person detailing the actions taken:</p> <p style="text-align: center;"><i>Done</i></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center;">REGULATION AND QUALITY</p> <p style="text-align: center;">13 SEP 2013</p> </div>
<p>Requirement 2</p> <p>Ref: Regulation 15 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 June 2016</p>	<p>The registered person must ensure that the following issues in relation to radiology and radiation safety are addressed:</p> <ul style="list-style-type: none"> • all recommendations within the RPA report dated 09 March 2015 must be addressed. The RPS should sign and date the recommendations to confirm they have been addressed • the RPS must ensure that staff entitlements are completed and records retained • the local rules must be signed by all appropriate staff to confirm they had read and understood them <p>Response by registered person detailing the actions taken:</p> <p style="text-align: center;"><i>Done</i></p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 23 June 2016</p>	<p>The registered person should ensure that the practice has timely access to an automated external defibrillator (AED). If an AED is not available in the practice formal arrangements should be established to get timely access to an AED. A procedure in regards to accessing and operation of an AED should be developed and shared with staff.</p> <p>Response by registered person detailing the actions taken:</p> <p style="text-align: center;"><i>Arrangements have been made to purchase an AED</i></p>
<p>Recommendation 2</p> <p>Ref: Standard 12.1</p> <p>Stated: Second time</p> <p>To be completed by: 23 July 2016</p>	<p>The registered person must ensure that the medical emergency policy is further developed to reflect best practice guidance. The policy should be further developed to include the following information:</p> <ul style="list-style-type: none"> • a list of emergency medicines and equipment available • the checking procedures for emergency medicines and equipment • the procedure for documenting medical emergencies • the procedure to be followed in regards to staff debriefing following a medical emergency <p>Response by registered person detailing the actions taken:</p> <p style="text-align: center;"><i>Medical Emergency Policy Has Been Further Developed</i></p>

<p>Recommendation 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2016</p>	<p>The registered person should implement a system for appraising staff performance at least on an annual basis.</p> <p>Response by registered person detailing the actions taken:</p> <p><i>A system for appraising staff on an annual basis implemented.</i></p>
<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 23 May 2016</p>	<p>The registered person should ensure that information within AccessNI enhanced disclosure certificates is recorded as follows:</p> <ul style="list-style-type: none"> • a record of the date that the application form was submitted to the umbrella organisation • a record of the date the enhanced disclosure check was received by the practice • a record of the unique AccessNI reference number on the disclosure certificate • the date and outcome of the registered persons consideration of the information contained on the certificate <p>Response by registered person detailing the actions taken:</p> <p><i>Done</i></p>
<p>Recommendation 5</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 18 July 2016</p>	<p>The registered person should ensure the following issues in relation to equipment used during the decontamination process is addressed:</p> <ul style="list-style-type: none"> • a copy of the validation certificates for the steam sterilisers must be submitted to RQIA upon submission of this QIP • repairs must be completed to ensure the DAC Universal is fully operational <p>Response by registered person detailing the actions taken:</p> <p><i>Done</i></p>
<p>Recommendation 6</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 23 June 2016</p>	<p>The registered person should ensure that compliance with HTM 01-05 is audited on a six monthly basis using the 2013 IPS audit tool and records retained.</p> <p>Response by registered person detailing the actions taken:</p> <p><i>Done.</i></p>

<p>Recommendation 7</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: 18 July 2016</p>	<p>The registered person should forward a copy of the ICO registration certificate to RQIA upon submission of this QIP.</p> <p>Response by registered person detailing the actions taken:</p> <p style="text-align: center;"><i>Done</i></p>
<p>Recommendation 8</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 18 July 2016</p>	<p>The registered person should forward a copy of the practices public and employers liability insurance certificate to RQIA upon submission of this QIP.</p> <p>Response by registered person detailing the actions taken:</p> <p style="text-align: center;"><i>Done</i></p>
<p>Recommendation 9</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 18 July 2016</p>	<p>The registered person should ensure that any information requested by RQIA, and specifically the completion of a QIP, should be submitted within the timescales specified.</p> <p>Response by registered person detailing the actions taken:</p> <p style="text-align: center;"><i>Noted.</i></p>
<p>Recommendation 10</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 23 July 2016</p>	<p>The registered person should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame.</p> <p>Response by registered person detailing the actions taken:</p> <p style="text-align: center;"><i>Noted.</i></p>
<p>Recommendation 11</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 23 July 2016</p>	<p>The registered person should review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p> <p>Response by registered person detailing the actions taken:</p> <p style="text-align: center;"><i>Done</i></p>



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