Announced Care Inspection Report
21 July 2017

McKeogh Dental Care
Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 218 Main Street, Lisnaskea, BT92 0JG
Tel No: 028 67 722292
Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for

2.0 Profile of service

This is a registered dental practice with three registered places.

3.0 Service details

Registered persons: Mrs Una McKeogh Mr Brendan McKeogh	**Registered manager:** Mr Brendan McKeogh
Person in charge at the time of inspection: Mrs Una McKeogh Mr Brendan McKeogh	**Date manager registered:** 02 September 2014
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

4.0 Inspection summary

An announced inspection took place on 21 July 2017 from 09:50 to 13:35.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to staff training and development, patient safety in respect of radiology, infection prevention and control and decontamination of reusable dental instruments, the environment, the range and quality of audits, health promotion and engagement to enhance the patients' experience.

An area of improvement was identified against the minimum standards to ensure that the safeguarding lead/champion undertakes formal training in safeguarding children and adults.

All of the patients who submitted questionnaire responses indicated that they were satisfied with the care and services provided.

Following the inspection RQIA received correspondence from McKeogh Dental Care expressing some concerns in respect of the notification process. Additional information in this regard can be found in section 6.8 of this report.

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.

4.1 Inspection outcome

	Regulations	Standards

Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Una McKeogh and Mr Brendan McKeogh, registered persons, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 28 September 2016

During the previous care inspection it was identified that one member of staff had commenced work prior to receipt of a satisfactory AccessNI enhanced disclosure check. RQIA raised this matter during the previous care inspection on 5 November 2015. Following consultation with senior management in RQIA, a serious concerns meeting was held at RQIA on 5 October 2016. At this meeting RQIA were assured that the appropriate actions to address the concerns in relation to recruitment and selection practice had been taken and subsequently no further enforcement action was taken.

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 Mrs Una McKeogh, Mr Brendan McKeogh, registered person and Mrs Bernie Owens, dental nurse. A tour of the premises was also undertaken.

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

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control

- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 September 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 28 September 2016

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 19 (2) Schedule 2
(as amended)

Stated: Second time</td><td>The registered persons must ensure that the following issue in relation to enhanced AccessNI checks is addressed:

• enhanced AccessNI checks must be received prior to any new staff commencing work in the practice</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Review of submitted staffing information and discussion with Mr and Mrs McKeogh evidenced that one staff member commenced employment in the practice since the previous inspection. This staff member is no longer employed in the practice. Review of documentation confirmed that an AccessNI enhanced disclosure check was received prior to commencement of employment.</td></tr>
</table>

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 **Ref:** Standard 11.3 **Stated:** First time	Records of induction should be retained of any new staff recruited.	**Met**
	Action taken as confirmed during the inspection: As discussed one new member of staff had commenced employment in the practice since the previous inspection. An induction record had been completed for the identified staff member.	
Area for improvement 2 **Ref:** Standard 15.3 **Stated:** First time	The policy for safeguarding children and adults at risk of harm should be further developed in keeping with best practice guidance.	**Met**
	Action taken as confirmed during the inspection: It was confirmed that following the previous inspection the policy for the safeguarding of children and adults at risk of harm had been further developed in keeping with best practice guidance.	
Area for improvement 3 **Ref:** Standard 12.4 **Stated:** First time	Provide buccal Midazolam in the format as recommended by the Health and Social Care Board (HSCB); that is Buccolam prefilled syringes.	**Met**
	Action taken as confirmed during the inspection: It was observed that Buccolam pre-filled syringes in two different doses were available in the practice. A discussion took place in regards to the administration of Buccolam pre-filled syringes.	
Area for improvement 4 **Ref:** Standard 13.2 **Stated:** First time	A six monthly audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken and any deficits identified should be addressed.	**Met**
	Action taken as confirmed during the inspection: Review of records confirmed that the most recent occasion the Infection Prevention Society (IPS) Health Technical Memorandum (HTM) 01-05 compliance audit was completed during May 2017.	

Area for improvement 5 **Ref:** Standard 13.2 **Stated:** First time	Cleaning equipment should be colour coded in keeping with The National Patient Safety Agency cleanliness guidelines. **Action taken as confirmed during the inspection**: Colour coded cleaning equipment was observed to be available in the practice.	**Met**

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Three dental surgeries are in operation in this practice. Discussion with Mrs McKeogh, Mr McKeogh, Mrs Owens 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 one evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and Mrs Owens confirmed that appraisals had taken place. Mrs Owens confirmed that staff 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 Mrs McKeogh and Mr McKeogh confirmed that one member of staff had been recruited since the previous inspection. A review of the personnel file for the identified staff member 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. Advice was provided on how the practice ensures a criminal conviction declaration is provided for new staff members. Mr McKeogh confirmed that the staff member recruited following the previous care inspection no longer works in the practice and that they are currently in the process of recruiting a practice manager.

There was a recruitment policy and procedure available.

Safeguarding

Mrs McKeogh, Mr McKeogh and Mrs Owens 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 in house 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/champion had not completed formal training in safeguarding children and adults. Safeguarding adults training should be in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). This has been identified as an area for improvement against the minimum standards.

One overarching policy was in place for the safeguarding and protection of adults and children at risk of harm. 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.

It was confirmed that a copy of the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) was available for staff reference.

Following the inspection the following documentation was forwarded to the practice by email:

- 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016)
- 'Adult Safeguarding Operational Procedures' (September 2016)

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). A discussion took place in regards to the administration of Buccolam pre-filled syringes. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was confirmed that the practice do not have an automated external defibrillator (AED). However, the practice has timely access to a community AED. 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 Mrs McKeogh 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 training was undertaken during July 2017.

Mrs McKeogh and Mrs Owens 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. Mrs Owens was observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Mrs Owens demonstrated a good understanding of infection prevention and control policies and procedures and she was aware of her roles and responsibilities. Mrs Owens confirmed that staff 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 disinfector and a steam steriliser has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated during June 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 May 2017.

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

Radiography

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room. It was confirmed that the OPG has been decommissioned and it is not in use.

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. Mrs McKeogh and Mrs Owens 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 during June 2017 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. Mr McKeogh confirmed that since the previous inspection cavity wall insulation has been installed.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. This included the routine servicing of the oil fired central heating burner, fire detection system and firefighting equipment, intruder alarm, portable appliance testing of electrical equipment and inspection of fixed electrical wiring installations.

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

A fire risk assessment had been undertaken and routine checks are completed in respect of the fire detection system.

It was confirmed that arrangements are in place to review the legionella and fire risk assessments on an annual basis.

A written scheme of examination of pressure vessels was in place and the pressure vessels had been inspected in keeping with the written scheme during June 2017.

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

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

- "I'm really at ease. Great care."

Six staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Five staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Mrs Owens concurred with this. Comments provided included the following:

- "Absolutely. Everyone is very focused on patient safety."
- "Regular team meetings are used to keep staff awareness."

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, supervision and appraisal, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

Areas for improvement

The safeguarding lead/champion must complete formal training in the safeguarding of children and adults at risk of harm and abuse. Adult safeguarding training must be in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) Training Strategy.

	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

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

Mrs McKeogh 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.

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.

Policies were available in relation to records management, data protection and confidentiality and consent. It was 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 that oral health is actively promoted on an individual level with patients during their consultations. A range of information leaflets were available. The practice facilitates evening information sessions and has facilitated oral health and hygiene information sessions in local schools. Some oral health products are available to purchase in the practice and free samples

of products are distributed to patients. The practice has a website and Facebook both of which include information on oral health and hygiene.

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
- review of complaints/accidents/incidents
- patient satisfaction

Communication

Mrs McKeogh 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. Each staff member maintains a diary to record tasks to include referrals. Diaries are cross-referenced to ensure all tasks have been completed.

Staff meetings are held on a weekly basis to discuss clinical and practice management issues. In addition to the weekly staff meetings staff meet at the beginning and end of each day. Review of documentation demonstrated that minutes of staff meetings are retained. It was confirmed that meetings also facilitated informal and formal in house training sessions.

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

Patient and staff views

All five patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Four patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. The following comment was included in a submitted questionnaire response:

- “Yes and very helpful.”

All six 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. Five staff indicated they were very satisfied with this aspect of care and one did not provide a response. Mrs Owens concurred with this. The following comment was included in a submitted questionnaire response:

- “The patient’s wishes and requests are kept in mind throughout treatment. We are as open as can be to feedback”

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

Mr and Mrs McKeogh demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. It was confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected.

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. Mrs McKeogh and Mrs Owens demonstrated how consent would be obtained.

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

A policy and procedure was in place in relation to confidentiality.

Patient and staff views

All five patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Three patients indicated they were very satisfied with this aspect of care, one indicated they were satisfied and one did not provide a response. No comments were included in submitted questionnaire responses.

All six submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care and all six staff indicated they were very satisfied with this aspect of care. Mrs Owens concurred with this. Comments provided included the following:

- "Always."
- "Any and all patient individuals needs are paramount in this practice alongside patient respect."

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 Mrs Owens was able to describe her roles and responsibilities and she was aware of who to speak to if she had a concern. Mrs Owens confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Mrs McKeogh is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Mrs Owens was 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. Mrs McKeogh and Mrs Owens 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.

Mrs McKeogh 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. Mrs Owens confirmed that staff were aware of who to contact if they had a concern.

Mrs McKeogh and Mr McKeogh, registered persons, demonstrated a clear understanding of their 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 five patients who submitted questionnaire responses indicated that they felt that the service is well led. Four patients indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. The following comment was included in a submitted questionnaire response:

- "Very well and caring."

All six submitted staff questionnaire responses indicated that they felt that the service is well led. Five staff indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. Mrs Owens concurred with this. The following comment was included in a submitted questionnaire response:

- "We have daily and weekly meetings to best communicate with each other."

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

6.8 Additional information

Following the inspection on 21 July 2017, RQIA received correspondence from McKeogh Dental Care. The correspondence highlighted that the language used in RQIA correspondence to notify practices of their forthcoming inspection, was not inclusive of a

process of engagement and created a perceived lack of flexibility on RQIA's behalf both in relation to inspection planning and potentially in other areas of RQIA work.

Following receipt of the correspondence RQIA engaged with McKeogh Dental Care on a number of occasions to discuss their concerns and seek ways in which to address them by working together in an engaging way.

As well as changing the language in the letter issued to providers to inform them of their inspection date, RQIA agreed to spend some time in the first quarter of 2018 reviewing the inspection planning process with a view to seeking better ways to engage with providers in this respect.

McKeogh Dental Care provided RQIA with some useful information regarding their engagement processes and we agreed that we would consider these processes when undertaking our inspection planning piece for the 2018/19 inspection year.

During the engagement process RQIA agreed that the statements outlined below, provided by McKeogh Dental Care would be included in this inspection report.

We are very concerned that RQIA has compromised the care of our patients and our Dental Team. Certain procedures and policy challenge Adult Safeguarding Policy 2015, Minimum Dental standards 2011 and the ethos within Mc Keogh Dental Care which has at its core the belief that every individual should be treated with respect and dignity.

In 2016 we raised concerns that a visit to our practice lasted from 11:00 am until 15:35 pm, our staff had been working from 8:30 am Our Dental Team were not acknowledged or consulted about the undue length of this visit and were left feeling undermined and diminished in that their individual and collective voice were totally ignored.

This action challenges; Adult Safeguarding Policy 2015: Minimum Dental Standards 2011: Mc Keogh Dental Care Ethos.

In 2017 RQIA advised us that their visit to our practice would only be changed in exceptional circumstances. Within such a directive there is the potential to compromise Continuing Dental Care arrangements for our patients and severely limits the voice of Mc Keogh Dental Care Team and organisational procedures for the care of patients. This action challenges: Adult safeguarding Policy 2015: Minimum Dental Standards 2011: Mc Keogh Dental Care Ethos.

In 2016 and 2017 we continue to request that all our staff who are spoken with during an RQIA inspection have the choice to have their names acknowledged in any subsequent report and not to have labels attached to them should they not wish, Continuing to resist this request challenges: Adult Safeguarding Policy 2015: Minimum Dental Standards 2011: Mc Keogh Dental Care Ethos.

In 2017 we have sought from RQIA a copy of their Adult Safeguarding Policy and discussion with their Adult Safeguarding Champion. We have been advised RQIA do not require a policy and all inspectors are Adult Safeguarding Champions. We are very concerned that RQIA does not have an Adult Safeguarding Policy especially in light of the examples which we have raised.

The Adult Safeguarding Policy of 2015 advises us that, "Safeguarding is a broad continuum of activity……. Throughout the continuum it is essential to recognise the importance of providing empowerment and self-determination……."

Mc Keogh Dental Care is troubled and concerned that RQIA is restricting empowerment and self-determination in certain actions which it carries out.

I hope that what I have written is taken and used by RQIA to promote better regulation, better Dental Care, better Organisations and a better Society for us all.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Una McKeogh and Mr Brendan McKeogh, registered persons, as part of the inspection process. The timescales commence from the date of inspection.
The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Independent.Healthcare@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 15.3 **Stated:** First time **To be completed by:** 21 September 2017	The safeguarding lead/champion must complete formal training in safeguarding children and adults at risk of harm and abuse. The adult safeguarding training must be in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). Ref: 6.4
	Response by registered person detailing the actions taken:

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

The Regulation and Quality Improvement Authority

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