

Announced Care Inspection Report 17 July 2017



Monkstown Dental

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 103 -105 Monkstown Road, Newtownabbey, BT37 0LG
Tel No: 028 9086 3498
Inspector: Emily Campbell

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 eight registered places.

3.0 Service details

<p>Registered organisation/registered providers: Mr Philip Burns Ms Kathryn Gordon Mr Stephen Best</p>	<p>Registered Manager: Mr Philip Burns</p>
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Mr Mark Kirk Ms Christine Gregg	
Person in charge at the time of inspection: Mr Philip Burns	Date manager registered: 02 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 8

4.0 Inspection summary

An announced inspection took place on 17 July 2017 from 9:50 to 16:30.

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 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.

On the morning of the inspection RQIA received information, in the form of a whistleblowing letter, regarding a number of possible regulatory issues. The information was reviewed by the senior inspector and a decision was made to contact the inspector, share the information with them and ask them to review the areas of concern raised as part of the inspection.

Concerns were raised in relation to the following:

- staffing levels including high staff turnover
- staff training and development
- decontamination procedures
- a professional regulatory matter in relation to one member of staff

It is not the remit of RQIA to investigate complaints raised by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or standards, it will review the matter and take appropriate action as required; this may include an inspection of the establishment.

All of the concerns raised by the whistleblower were reviewed as part of the inspection process. It was evidenced that the registered persons were proactively addressing the issues raised in relation to the decontamination procedures and the professional regulatory matter. The other concerns relating to staffing levels, staff turnover and staff training and development were not substantiated.

Examples of good practice were evidenced in all four domains. These relate to staff training and development, patient safety, the environment, health promotion and engagement to enhance the patient's experience and governance arrangements.

One area requiring improvement against the minimum standards was identified in relation to complaints management.

Patients who submitted questionnaire responses indicated a high level of satisfaction with the care and treatment they received.

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 Mrs Linda Fletcher, practice manager, 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 2 August 2016

No further actions were required to be taken following the most recent inspection on 2 August 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 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 Philip Burns, registered person, Mrs Linda Fletcher, practice manager, Ms Jessica Larmour, deputy manager, an associate dentist, and six dental nurses, some of whom also work in reception. A tour of the premises was also undertaken. The inspection was facilitated by Mrs Fletcher and Ms Larmour.

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

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

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 2 August 2016

The most recent inspection of the practice was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 2 August 2016

There were no areas for improvement made as a result of the last care inspection.

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

On the morning of the inspection RQIA received information, in the form of a whistleblowing letter, regarding a number of possible regulatory issues. The information was reviewed by the senior inspector and a decision was made to contact the inspector, share the information with them and ask them to review the areas of concern raised as part of the inspection.

Concerns were raised in relation to the following:

- staffing levels including high staff turnover
- staff training and development
- decontamination procedures
- a professional regulatory matter in relation to one member of staff

Eight dental surgeries are in operation in this practice. Information was received by RQIA on the morning of the inspection in relation to staffing levels including high staff turnover, staff training and development, decontamination procedures and a professional regulatory matter in relation to one member of staff. The professional regulatory matter related to a patient complaint and is discussed further in section 6.7 of the report.

Review of completed patient and staff questionnaires indicated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients. On discussion, the majority of staff spoken with considered that staffing levels were adequate, however, on occasions staffing levels can be challenging due to planned leave and unexpected staff absence. Staff confirmed that part time staff, when possible, work additional hours to cover holiday leave. Mrs Fletcher and Ms Larmour confirmed that the practice is actively trying to recruit new staff; however, they have had difficulties recruiting as they are one of four dental practices within the locality who are all advertising for dental nurses. On occasions when there are unplanned staff absences, priority is given to ensuring that the dental surgeries and the decontamination room are appropriately staffed and reception staff, who are also dental nurses, provide cover on these occasions. Review of the staff allocation records evidenced that at least two staff are allocated to reception duties. During the lunch time period only one staff member is on duty, at reception, when surgeries are not operational. Mrs Fletcher and Ms Larmour confirmed they will continue to monitor staffing levels in the practice.

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. It was noted that an extensive induction programme had been provided for a staff member who was new to the dental care environment.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. A review of a sample of four evidenced that appraisals had been completed on an annual basis. In addition, 'job chats' are held every three to six months with individual staff and records are retained. Review of nine 'job chat' records evidenced that staff have the opportunity to share their concerns and issues with the management team. Mr Burns, Mrs Fletcher and Ms Larmour discussed that they continue to try to address any concerns that staff have, where possible.

Continual professional development (CPD) is discussed during appraisal and 'job chat' meetings and staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. Four away days are held each year which include the provision of key training topics. It was evident that there is a strong culture regarding staff development within the practice with a number of staff having undertaken or in the process of undertaking additional training in areas such as conscious sedation nurse training, radiography and practice management. A dentist is currently undertaking a Master of Science degree in orthodontics. Staff confirmed that professional development is encouraged in the practice.

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 Fletcher and Ms Larmour confirmed that four staff have been recruited since the previous inspection. Review of the personnel files for two of these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended has been sought and retained.

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

A staff register was in place, however, this did not include the dates that staff left the practice. This was updated during the inspection. The reasons staff had left post since the previous inspection were discussed; there were no issues of concern identified regarding staff turnover.

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 all staff, including the safeguarding lead, have 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. Amendments were made to the safeguarding adults at risk of harm policy, which was emailed to RQIA on 20 July 2017. The child protection and revised

safeguarding adults 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.

It was confirmed that copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. 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 induction programmes and formal update training is provided on an annual basis by an external provider. In addition a six monthly refresher update is provided during the team away days and includes scenarios of different types of medical emergencies, which staff advised keeps the management of a medical emergency fresh in their minds. This frequency of training exceeds best practice guidance. In addition two staff have completed recognised first aid at work training.

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.

Amendments were made to the policy for the management of medical emergencies which was emailed to RQIA on 20 July 2017. The amended policy reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Two of the eight dental surgeries and the decontamination room were reviewed and were observed to be 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. Training records were available for inspection.

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

Dirty and clean decontamination rooms with an adjoining hatch, separate from patient treatment areas and dedicated to the decontamination process, were available. Appropriate equipment, including two washer disinfectors, a DAC Universal and five steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.

A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. The practice also has a NSK iCare+ Handpiece Cleaner. This machine is specifically designed to clean and disinfect dental handpieces omitting the need to process them through the washer disinfector. Following processing in the NSK iCare+, handpieces are sterilised.

The information received by RQIA outlined an issue with decontamination procedures. A review of this matter and discussion with Mrs Fletcher and Ms Larmour confirmed that the issue identified in relation to decontamination was being proactively managed by the management of the practice.

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 in April 2017.

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

Radiography

The practice has eight surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG) and an OPG and cone beam scanner, which are located in a separate room.

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

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a high 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. Weekly audits of clinical areas and the environment are carried out and documented.

Arrangements are in place for maintaining the environment. This included portable appliance testing, electrical installation certification, relative anaesthesia unit servicing, gas boiler servicing and risk assessment reviews in respect of health and safety, fire and legionella.

A legionella risk assessment was last undertaken by an external contractor in December 2014, which is reviewed annually and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training had been completed. Fire drills are carried out every six months and there are nominated fire wardens. Staff demonstrated that they were aware of the action to take in the event of a fire.

Pressure vessels had been inspected 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

Nineteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Twelve patients indicated they were very satisfied with this aspect of care and seven indicated they were satisfied. The following comment was provided:

- “Staff very helpful.”

Twelve staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Eight staff indicated they were very satisfied with this aspect of care and four indicated they were satisfied. In general, staff spoken with during the inspection concurred with this. Comments provided included the following:

- “Ongoing training is carried out throughout each year.”
- “Reception/surgery/decon staff all trained and v-competent. Training updated routinely.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Clinical records

Mr Burns and staff 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. Written treatment plans including estimated costs are provided to patients as appropriate.

Electronic records are retained and staff have different levels of access afforded to them 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. These were not reviewed during the inspection.

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was information promoting good oral health and hygiene available in the waiting area. The practice has a health promotion outreach programme that they deliver in schools and organisations. The use of Leo the lion and Marcel the monkey, facilitated the demonstration of oral hygiene in a fun way to children.

Mr Burns and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations and this is reinforced by the hygienist service provided.

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
- clinical records
- patient satisfaction surveys
- prescription pad usage
- review of complaints/accidents/incidents

Communication

Mr Burns and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Team away days are held on a quarterly basis and facilitate both formal and informal staff training and discussion and identification of objectives within the practice's five year corporate and business development plan. Review of documentation demonstrated that minutes of meetings are retained.

In general, staff spoken with confirmed that there are good working relationships and there is an open and transparent culture within the practice.

A breaking bad news policy in respect of dentistry was in place.

Patient and staff views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Thirteen patients indicated they were very satisfied with this aspect of care and six indicated they were satisfied. The following comment was provided:

- "I have needed more dental care now than ever before due to prescribed drugs and my dentist Mark Kirk is respectful and patient."

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Nine staff indicated they were very satisfied with this aspect of care and three indicated they were satisfied. In general, staff spoken with during the inspection concurred with this. Comments provided included the following:

- "Regular audits done to ensure this is done plus daily routing checks carried out."
- "Regular audits ensure that records are kept up to date e.g. medical histories are checked regularly."

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

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

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

Patients with a physical disability or who require wheelchair access can be accommodated in the practice and the toilet facility is suitable for disabled access. An interpreter service is available for patients who require this assistance and one dental nurse can communicate with patients who are deaf using sign language. Arrangements are put in place to accommodate patients with any specific needs when appointments are being scheduled. The practice opens at 8.00am every morning and stays open to 8.00pm on two evenings to accommodate patients who cannot attend during normal working hours.

The practice undertakes patient satisfaction surveys every six months. 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. In addition, there is a suggestion box in the waiting area for patients to provide comments.

A policy and procedure was in place in relation to confidentiality. This was not reviewed during the inspection.

Patient and staff views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Fourteen patients indicated they were very satisfied with this aspect of care and five indicated they were satisfied. Comments provided included the following:

- “A patient for 25 years. The care hasn’t changed except to improve.”
- “Very much so because I would be anxious and always feel reassured.”

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. Nine staff indicated they were very satisfied with this aspect of care and three indicated they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “Every patient will have treatment explained and all information is confidential.”
- “Treatment explained, written advice/cost of this signed and kept by both the practice and patient. Routine patient satisfaction/suggestions surveys done. Customer care/data protection training given.”

Areas of good practice

There were examples of good practice found in relation to patient engagement and 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, in general, 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.

The practice has a five year corporate and business development plan and staff are actively involved in delivering the plan as discussed at the quarterly team away days. The practice has achieved Investor’s in People (IIP) accreditation and is a member of the British Dental Association Good Practice Scheme.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a 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 policy and procedure was available. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire and review of two complaints investigation records evidenced that complaints have been managed in accordance with best practice. On discussion with Mrs Fletcher, it was identified that the information received by RQIA, on the morning of the inspection, regarding a professional regulatory matter related to a patient complaint. Mrs Fletcher confirmed that she was advised at the end of June 2017 that a patient had submitted a complaint to a dentist, in June 2015, which had not been logged in the complaints register and was therefore not processed in keeping with the practice's complaints policy. Mrs Fletcher was advised that the complaint should be logged retrospectively and processed within the complaints procedure. Arrangements should be made to ensure that all staff are aware of the need to adhere to the practice's complaints policy and procedure if a complaint is provided to an individual staff member. An area for improvement against the standards was identified in this regard.

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 Fletcher and Ms Larmour 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 Burns, registered person and registered manager, 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. Since the previous inspection Mr Brian Alton, a partner and registered person of the practice resigned and application was submitted to RQIA by Ms Christine Gregg to become a registered person. Registration of Ms Gregg as a registered person was approved on 10 November 2016. Details of the fit person interview conducted on 10 November 2016 in this regard can be seen in section 6.8 of the report.

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

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All patients who submitted questionnaire responses indicated that they felt that the service is well led. Fourteen patients indicated they were very satisfied with this aspect of the service and five indicated they were satisfied. Comments provided included the following:

- “Staff are always very friendly and make you feel at ease. I enjoy coming to the dentist.”
- “From reception staff to xxx, the dental nurse, all are knowledgeable, respectful and kind.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. Nine staff indicated they were very satisfied with this aspect of the service and three indicated they were satisfied. In general, staff spoken with during the inspection concurred with this. The following comment was provided:

- “Two managers available, open door policy for any concerns. Policies reviewed, explained and copies always available. Complaints procedures etc. displayed in waiting rooms. Routine audits carried out and shared.”

Areas of good practice

There were examples of good practice found in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

The complaint discussed should be logged retrospectively and processed within the complaints procedure. Arrangements should be made to ensure that all staff are aware of the need to adhere to the practice’s complaints policy and procedure if a complaint is provided to an individual staff member.

	Regulations	Standards
Total number of areas for improvement	0	1

6.8 Fit persons interview

Providers of regulated establishments require to be registered with RQIA in accordance with Article 12 of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, as it is an offence to carry on an establishment of any description without being registered in respect of it.

Ms Christine Gregg, partner in the practice, submitted an application to RQIA to become a registered person of Monkstown Dental. The relevant information, supporting documentation and appropriate fees accompanied the application.

A fit person interview was held with Ms Gregg at Monkstown Dental on 10 November 2016. Discussion with Ms Gregg evidenced that she had a clear understanding of her role and responsibilities as a registered person under the relevant legislation and minimum standards. The following issues were discussed:

- the statement of purpose and patient guide
- the management of complaints
- notification of untoward incidents to RQIA and other relevant bodies
- quality assurance measures to monitor and improve practice as appropriate
- safeguarding children and adults at risk of harm
- responsibilities under health and safety legislation
- responsibilities under The Ionising Radiations Regulations 1999 (IRR) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) regulations
- staff selection and recruitment procedures

Registration of Ms Gregg as a registered person was approved on 10 November 2016.

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 Linda Fletcher, practice manager, 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.

RQIA ID: 11606 Inspection ID: IN029448

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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 9</p> <p>Stated: First time</p> <p>To be completed by: 17 August 2017</p>	<p>The registered persons shall ensure that the complaint discussed is logged retrospectively and processed within the complaints procedure.</p> <p>Arrangements should be made to ensure that all staff are aware of the need to adhere to the practice's complaints policy and procedure if a complaint is provided to an individual staff member.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Complaint discussed has been logged retrospectively and forwarded to HSCB; any further correspondence will be dealt with according to the practice complaints procedure.</p> <p>The practice complaints policy has been forwarded to all staff again and we will continue to provide training on complaints in house at practice meetings and with verifyable CPD at practice away days at least yearly,</p>



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Quality Improvement
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