

# Announced Care and Variation to Registration Inspection Report 21 September 2017



## Morrison Family Dental Care

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 11 Thorndale Avenue, The Roddens, Larne BT40 1QX**  
**Tel No: 028 28260981**  
**Inspector: Carmel McKeegan**

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Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a registered dental practice with two registered places.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> DJ Maguire and Associates Ltd  <b>Responsible Individual:</b> Mr Derek Maguire	<b>Registered Manager:</b> Ms Deborah Irwin
<b>Person in charge at the time of inspection:</b> Mr Derek Maguire	<b>Date manager registered:</b> 4 August 2017
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2 increasing to 3 following inspection

D J Maguire and Associates Ltd is the registered provider for seven dental practices registered with RQIA. Mr Maguire is the responsible person for D J Maguire and Associates Ltd.

### 4.0 Inspection summary

An announced inspection took place on 21 September 2017 from 10.00 to 12.15.

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).

An application for variation of the registration of the practice was submitted to the Regulation and Quality Improvement Authority (RQIA) by Mr Derek Maguire, registered person. The application was to increase the number of registered dental chairs from two to three.

The inspection sought to assess progress with any issues raised since the previous inspection and to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair.

Examples of good practice were evidenced in all four domains. These related to: patient safety in respect of staff training and development; recruitment; safeguarding; the management of medical emergencies; infection prevention and control; radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

There were no areas requiring improvement identified during this inspection.

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

The application of variation to increase in the number of registered dental chairs from two to three was approved by the care inspector on 21 September 2017.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Derek Maguire, registered person, and management staff as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 13 March 2017

The most recent inspections of the establishment were announced pre-registration care and estates inspections which were both undertaken on 13 March 2017. No areas of improvement were identified during the pre-registration care inspection. The completed QIP for the pre-registration estates inspection was returned and approved by the estates inspector. Following this, on receipt of outstanding information required in relation to estates issues, registration was approved.

#### 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
- the application of variation to increase the dental chairs from two to three

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 Derek Maguire, registered person; Mrs Julie Mullan, registered manager of Catherine Street Dental Care; Ms Deborah Irwin, registered manager of D J Maguire and Associates Ltd; Mrs Heidi Irwin, the operations director for D J Maguire & Associates Ltd; and two dental nurses. Mrs Mullan and Mrs H Irwin took the lead in facilitating the inspection. A tour of the premises was also undertaken.

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

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements
- statement of purpose
- patient guide
- review of the newly established third surgery

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 13 March 2017**

As stated above the most recent inspections of the practice were a pre-registration care and premises inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 13 March 2017**

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

Two dental surgeries are in operation in this practice. As previously discussed, an application to vary the registration, by increasing the number of registered dental chairs from two to three was received by RQIA. The variation to registration application was approved following this inspection.

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 four evidenced that induction programmes had been completed when new staff joined the practice. Each new staff member is provided with an employee handbook which contains pertinent policies and procedures. In addition to the formal induction programme there is a mentoring programme for newly recruited staff members.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development.

There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. D J Maguire and Associates Ltd organises four training events throughout the year for all employees of the organisation. These training events include core Continuing Professional Development (CPD) topics as recommended by the General Dental Council (GDC) and topics identified during staff appraisals. In addition to the training events D J Maguire and Associated Ltd have invested in staff development and have seconded dental nurses to undertake additional qualifications in conscious sedation, oral health education and radiography. The emphasis placed on staff development is to be commended.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

#### Recruitment and selection

A review of the submitted staffing information and discussion with Mr Maguire and Mrs H Irwin confirmed that four staff members have been recruited since the previous inspection. 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.

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

## **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 at a corporate training event during October 2016. It was confirmed that Mr D Maguire, Ms D Irwin and Mrs H Irwin are the safeguarding champions for the organisation. Review of records evidenced that the safeguarding champions had completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

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. Ms D Irwin confirmed that the safeguarding policy had been further developed to ensure it fully reflected the regional safeguarding policy and procedural guidance discussed below.

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, in general, provided in keeping with the British National Formulary (BNF). Buccolam in prefilled syringe format was provided in two doses and quantities. Following the inspection, the inspector sought clarity within RQIA on the required provision of Buccolam in a dental practice. Subsequently the inspector contacted Mrs H Irwin, to inform the practice that there was insufficient quantity of Buccolam to administer a second dose to an adult if required. A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF. Mrs Irwin readily agreed to address this area and stated immediate action would be taken in this regard. On 18 October RQIA received an email to confirm Buccolam in prefilled syringe format was provided in the practice as recommended by the HSCB and in keeping with the BNF.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained and a robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual

basis in keeping with best practice guidance. The most recent occasion staff completed refresher training on the management of medical emergencies was during May 2017.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

### **Infection prevention control and decontamination procedures**

Clinical and decontamination areas were 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.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available; since the previous inspection the decontamination room has been relocated to the second floor. The new decontamination room adequately meets the practice requirements and facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. Appropriate equipment, including a washer disinfectant, a DAC Universal and two steam sterilisers, has 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.

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 on 24 April 2017.

The arrangements in regards to the newly established third dental surgery on the first floor of the practice were reviewed. The new surgery has been established in a room which was previously the decontamination room. It was observed that the flooring in the surgery was impervious and coved where it meets the walls and kicker boards of cabinetry. The surgery was tidy and uncluttered, cabinetry and work surfaces were intact and easy to clean.

Sharps boxes were wall mounted and safely positioned to prevent unauthorised access and had been signed and dated on assembly. Staff confirmed during discussion that used sharps



boxes will be locked with the integral lock and stored ready for collection away from public access.

A dedicated hand washing basin is available in the dental surgery and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. It was observed that laminated/wipe-clean posters promoting hand hygiene were on display.

Personal protective equipment (PPE) was readily available.

The clinical waste bin in the surgery was pedal operated in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

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

It was confirmed that sufficient dental instruments have been provided to meet the demands of the newly established third dental surgery when it is operational.

## **Radiography**

As previously stated two dental surgeries were in operation in this practice and a third dental surgery has been recently established. Each of the surgeries has an intra-oral x-ray machine. It was noted that a new intra-oral x-ray machine has been installed in the third surgery. Mrs Mullan confirmed that, as this machine is new, it is under manufacturer's warranty and it will be serviced and maintained in keeping with the manufacturer's instructions.

A critical examination of the new intra-oral x-ray machine had been undertaken by the appointed radiation protection advisor (RPA) on 03 September 2017 and the two existing intra-oral x-ray machines had been examined during April 2016 and January 2017. Review of the report of the report of most recent visit by the RPA demonstrated that the recommendations made have been addressed.

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.

Records confirmed that x-ray equipment has been serviced and maintained on 15 September 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.

It was confirmed that Mrs Mullan maintains a master calendar which includes the annual servicing and maintenance of all equipment and systems for all practices within D J Maguire and Associates Ltd.

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 routine servicing and maintenance of the gas central heating burner, intruder alarm, fire detection system and firefighting equipment. Arrangements are also in place to ensure that fixed electrical wiring installations are inspected and portable appliance testing (PAT) is undertaken in respect of electrical equipment.

It was confirmed that the fire risk assessment was completed by an external organisation and has been reviewed to include the new surgery. Fire drills are undertaken four times a year and fire safety awareness training is discussed annually during corporate training evenings. Routine checks are undertaken in respect of the fire detection system. Staff demonstrated that they were aware of the action to take in the event of a fire.

It was confirmed that the legionella risk assessment was completed by an external organisation and has been reviewed to include the new surgery. Water temperatures are monitored and recorded.

Review of records confirmed that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination.

Inhalation sedation is provided as required for patients in accordance with their assessed need. Mr Maguire and staff confirmed that routine safety checks to the gas equipment (portable) is carried out on an annual basis by a suitably qualified and competent person, and written confirmation of safety checks were maintained for inspection.

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

Thirteen 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 one indicated they were satisfied. Comments provided included the following:

- 'Excellent.'
- 'Very relaxed environment.'

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and also indicated they were very satisfied with this aspect of care.

Staff spoken with during the inspection concurred with this. The following comment was included in submitted questionnaire response.

- ‘Practice has recently undergone extensive refurbishment.’

**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
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

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

**Clinical records**

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.

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.

D J Maguire and Associates Ltd 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. D J Maguire and Associates Ltd have an outreach programme that is delivered in local schools, nurseries and in nursing homes. Oral health awareness sessions are facilitated by staff with qualifications in oral health education and these sessions are Northern Ireland curriculum approved.

It was observed that a television in the waiting room plays slideshows promoting oral health and hygiene. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations and that hygienist services are available in the practice.

Oral health and hygiene information leaflets are available. A range of products is also available for purchase and samples of products are freely distributed to patients.

The practice Facebook page and website promotes oral health and hygiene through the use of educational videos. The practice is to be commended in regards to their extensive health promotion programme.

## **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 waste management
- clinical records
- review of complaints/accidents/incidents
- disability access
- failure to attend
- medical histories
- pain control
- treatment options
- waiting times
- decontamination

If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. Mrs Mullan has responsibility for collating audit results for the organisation.

It was also confirmed that each registered manager is responsible for completing a monthly governance audit which includes all aspects of the operation of the practice. The completed governance audits are forwarded to Mr Maguire for review. The range of audits undertaken exceeds legislative and best practice requirements.

## **Communication**

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

Staff meetings are held monthly to discuss clinical and practice management issues. It was confirmed that a monthly 'focus meeting' has recently been introduced. A representative for each of the staff disciplines and a member of the senior management team attend these meetings. During these meetings challenges faced by specific staff groups are discussed with a view to creating a better understanding of each other's roles and responsibilities. Attendees are encouraged to generate solutions to issues discussed. In addition to the staff and focus

meetings, senior management within D J Maguire and Associates Ltd meet monthly and Mrs H Irwin meets with practice/registered managers on a weekly basis. It was confirmed that meetings also facilitated informal and formal in house training sessions. Review of documentation demonstrated that minutes of staff meetings are retained.

It was also confirmed that a monthly circular has been introduced. This is a newsletter that is circulated to all practices within the organisation. The newsletter contains staff congratulations; corporate information; details of upcoming CPD events; refresher information in regards to policies and procedures ;and the outcome of the focus meetings.

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

**Patient and staff views**

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

- ‘All options explained.’

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. All five staff also indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

**Areas of good practice**

There were examples of good practice found in relation to 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
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

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

**Dignity, respect and involvement in decision making**

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

converse with patients and conduct telephone enquiries in a professional and confidential manner.

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

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

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report 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 which included the arrangements for respecting patient’s privacy, dignity and providing compassionate care and treatment.

**Patient and staff views**

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

- ‘Very nice staff.’
- ‘Very pleasant staff, put me at ease.’
- ‘Explained very well,’

All of the 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. All five staff also indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

**Areas of good practice**

There were examples of good practice found in relation to 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
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

### Management and governance arrangements

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

There was a nominated individual with overall responsibility for the day to day management of the practice. Mrs H Irwin, operations director, undertakes unannounced visits to each practice within the D J Maguire and Associates Ltd group on a routine basis and produces a report. The findings of these visits are discussed with the registered manager and with Mr Maguire and the senior management team within the organisation.

It was confirmed that the organisation has recently invested in developing organisational values. These values are discussed at team meetings and corporate training events and the values were observed to be on display throughout 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. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. Ms D Irwin and Mrs H Irwin confirmed 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.

Discussion with staff and review of documentation evidenced that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. As discussed the range of audits undertaken exceeds legislative and best practice requirements.

It was confirmed that D J Maguire and Associates Ltd is accredited with Investors in People (IIP) and has recently been awarded gold accreditation. As a result of this D J Maguire and Associates Ltd has been shortlisted for the IIP Gold Employer of the Year award.

This practice is also accredited with the British Dental Association (BDA) Good Practice Scheme. It was also confirmed that D J Maguire and Associates Ltd recently won the Radox Health Healthcare dental practice of the year award. The IIP accreditation and Radox Health Healthcare dental practice of the year award applies to all practices within the organisation.

Mr D Maguire, registered person and Ms D Irwin, registered manager, 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. An application of variation was submitted to RQIA to increase the number of registered chairs from two to three. The application of variation was approved from a care perspective during this inspection. A revised certificate of registration will be issued to the practice in due course.

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

### **Patient and staff views**

All of the patients who submitted questionnaire responses indicated that they felt that the service is well led. Twelve 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.'

All of the submitted staff questionnaire responses indicated that they felt that the service is well led and also indicated they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. The following comment was included in a submitted questionnaire response:

- 'Good support from management team.'

### **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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0



## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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