

# Announced Care Inspection Report 27 October 2017



## Moyle Dental Care

**Type of Service: Independent Hospital (IH) – Dental Treatment**

**Address: 137 Old Glenarm Road, Larne BT40 1NH**

**Tel No: 028 2827 3737**

**Inspector: Norma Munn**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered dental practice with two registered places.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mr Fergus Lynch	<b>Registered Manager:</b> Mr Fergus Lynch
<b>Person in charge at the time of inspection:</b> Mr Fergus Lynch	<b>Date manager registered:</b> 10 May 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

### 4.0 Inspection summary

An announced inspection took place on 27 October 2017 from 10.45 to 14.00.

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 the service 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 was well led.

Examples of good practice were evidenced. These relate to patient safety in respect of infection prevention and control, health promotion and engagement to enhance the patients' experience.

Four areas of improvement under the regulations have been identified. Two of these relate to the recruitment and selection of staff, and two relate to the servicing and maintenance of equipment in keeping with manufacturer's instructions.

Three areas of improvement under the standards have been identified. These relate to undertaking safeguarding training for all staff, the further development of the safeguarding policies and undertaking medical emergency training for all staff.

Patients who submitted questionnaire responses to RQIA indicated they were very satisfied or satisfied with all aspects of care in the practice.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, and 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>	4	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Lynch, registered person, 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 17 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 January 2017.

## 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

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 Lynch, registered person, a dental nurse and a trainee dental nurse. A tour of some areas of the premises was also undertaken.

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

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

- management and governance arrangements
- maintenance arrangements

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

The findings of the inspection were provided to 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 17 January 2017

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 17 January 2017

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15.3  <b>Stated:</b> First time	The safeguarding children and adults policy should be reviewed and updated to reflect new regional guidance. On completion of the policy review staff training should be provided and arrangements established to ensure that refresher training is provided as outlined in the Minimum Standards for Dental Care and Treatment 2011.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the safeguarding policies confirmed that they had been reviewed and updated since the previous inspection; however, the policies need to be further updated to reflect regional policy and guidance. This is discussed further in section 6.4.  Mr Lynch confirmed that he had recently attended training in safeguarding adults and children. However, there was no evidence	

	available to confirm that the dental nurses or receptionist had received training in safeguarding of children and adults. This is discussed further in section 6.4.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 13.2 <b>Stated:</b> First time	The IPS audit tool (2013 edition) should be completed six monthly to audit compliance with HTM 01-05	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with Mr Lynch and a review of documentation evidenced that the Infection Prevention Society (IPS) audit tool (2013 edition) had been completed six monthly.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 14.4 <b>Stated:</b> First time	A copy of the most recent certificate of examination of pressure vessels should be submitted to RQIA with the returned QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with Mr Lynch and a review of documentation evidenced that a written scheme of examination of pressure vessels was in place and pressure vessels had been inspected in line with the written scheme during June 2016.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 14.2 <b>Stated:</b> First time	The legionella risk assessment and the fire risk assessment should be reviewed in keeping with best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with Mr Lynch and a review of documentation evidenced that the legionella risk assessment and the fire risk assessment had been reviewed during 2017.	

## 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. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there were 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 review of the personnel file of a new staff member evidenced that an induction programme was in place; however, this had not been signed by the inductee or inductor as having been completed. This was discussed with Mr Lynch and he has agreed to address this issue.

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 staff receive appropriate training to fulfil the duties of their role; however, there was no evidence to confirm that all staff had received annual training in the management of medical emergencies or recent training in safeguarding children and adults. This is discussed further within this report.

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

On the day of the inspection Mr Lynch confirmed that one member of staff had been recruited since the previous inspection. The personnel file for this staff member did not contain all of the documents as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005. There was no photographic identification, criminal conviction declaration, references, a full employment history or confirmation that the person was physically and mentally fit to fulfil their duties. Mr Lynch confirmed that he had checked all information in relation to the recruitment for this member of staff and had maintained a record of this. Mr Lynch confirmed that the documentation pertaining to recruitment for this staff member was retained off site. Mr Lynch was advised that documents relating to recruitment as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 should be available for inspection. An area of improvement under the regulations has been identified to address this.

A review of records evidenced that an AccessNI enhanced disclosure number had been recorded for this member of staff. However, there was no date recorded when this check had been applied for or received. On enquiry Mr Lynch confirmed that the AccessNI disclosure number recorded for this staff member was in respect of a previous employer and not Moyle Dental Care. Mr Lynch confirmed that he had not undertaken an AccessNI enhanced disclosure check prior to this member of staff working in the practice. Mr Lynch was advised

that AccessNI disclosure checks are not portable and a new AccessNI enhanced disclosure check should have been undertaken prior to the member of staff commencing work in the practice. An area for improvement under the regulations has been made in this regard.

Mr Lynch confirmed that a new AccessNI enhanced disclosure check had been undertaken in respect of the identified member of staff a few days prior to this inspection and he was awaiting receipt of this. Mr Lynch provided assurances that the identified member of staff would be supervised until the AccessNI enhanced disclosure check has been received in respect of Moyle Dental Care. Mr Lynch has agreed to inform RQIA when the AccessNI enhanced disclosure check for this identified member of staff has been received. Confirmation in relation to the receipt of the check should be submitted to RQIA.

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 and discussion with staff demonstrated that not all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. An area for improvement under the standards has been made in this regard.

It was confirmed that Mr Lynch as the safeguarding lead has recently completed 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 some of 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. The practice's safeguarding policies should be further developed to fully reflect the regional guidance documents and policies. An area for improvement under the standards has been made in this regard.

Following the inspection copies of the regional policy 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016), the regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and a copy of the 'Adult Safeguarding Operational Procedures' (September 2016) were forwarded to the practice by electronic mail. Mr Lynch has agreed to ensure that these documents are made 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 discussion took place in regards to the procedure for the safe administration of Buccolam and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB)



and the BNF. Mr Lynch confirmed that he will ensure that in the event of a medical emergency Buccolam will be administered as recommended.

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. However, the most recent training was provided during June 2016. Mr Lynch was advised that the management of medical emergencies training should be on an annual basis in keeping with best practice guidance. Mr Lynch confirmed that training has been arranged to take place. An area for improvement under the standards has been made to ensure that all staff should attend training in the management of medical emergencies on an annual basis in keeping with best practice guidance.

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

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 with the exception of the settee in one of the surgeries which was badly worn. Mr Lynch advised that the identified settee would be removed following the inspection. Carpeted areas were observed in both surgeries. Mr Lynch was advised that the carpeted areas should be replaced with flooring in keeping with HTM 01-05. Mr Lynch has agreed to address this issue.

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.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and a steam steriliser, had been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process had been validated during October 2016. Mr Lynch confirmed that a date had been arranged to carry out the validation of the equipment on 8 November 2017 and following the inspection it was confirmed that the equipment had been 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.

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

## **Radiography**

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

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file 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.

There was no evidence to confirm that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions. An area for improvement under the regulations has been made in this regard.

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. As discussed, carpeted areas were evident in both of the surgeries and Mr Lynch confirmed that this will be reviewed during the next refurbishment of the practice.

Detailed cleaning schedules were in place for all areas and a colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment.

There was no evidence that the relative analgesia (RA) machine had been serviced in keeping with the manufacturer's instructions as records were not available to review. An area for improvement under the regulations has been made in this regard.

Discussion with Mr Lynch and a review of documentation evidenced that the legionella risk assessment and the fire risk assessment had been reviewed during 2017.

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

Discussion with Mr Lynch and a review of documentation evidenced that a written scheme of examination of pressure vessels was in place and pressure vessels had been inspected in line with the written scheme during June 2016.

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**

Sixteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care. Comments provided included the following:

- “I feel completely at ease when in with the dentist. As I suffer from panic attacks.”
- “The dentist’s surgery is of a very high standard and quality treatment is given by Mr Lynch.”
- “Very professional.”
- “All of the above are carried out to a very high standard.”
- “Staff are excellent.”
- “Dentist and staff very professional and reassuring.”

One member of staff submitted a questionnaire response. They indicated that they felt that patients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. One comment was included in the submitted questionnaire response as follows:

- “I feel the patients’ safe care is always the first consideration when anything is being looked at/updated.”

### **Areas for improvement**

All information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 pertaining to the recruitment and selection of staff should be available for review by inspectors.

AccessNI enhanced disclosure checks should be undertaken and received prior to any new staff commencing work in the future.

All staff should attend training in safeguarding children and adults in keeping with best practice guidance and as outlined in the Minimum Standards for Dental Care and Treatment 2011.

The safeguarding policies should be further developed to ensure they fully reflect regional and best practice guidance. The updated policies should be shared with staff.

Training for all staff in the management of medical emergencies should be updated on an annual basis in keeping with best practice guidance.

All x-ray equipment should be serviced and maintained in accordance with manufacturer's instructions.

The R A machine should be serviced and maintained in keeping with manufacturer's instructions:

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	3

### 6.5 Is care effective?

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

#### Clinical records

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

Staff confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Manual records are maintained within the practice. 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 policies were not reviewed during this 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. A range of health promotion information leaflets was available in the reception area. Mr Lynch confirmed that oral health is actively promoted on an individual level with patients during their consultations.

#### 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
- review of complaints/accidents/incidents

## Communication

Mr Lynch confirmed that arrangements are in place for onward referral in respect of specialist treatments.

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

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

## Patient and staff views

All 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 and were very satisfied with this aspect of care. Comments provided included the following:

- “I feel happy that all the information I need about my treatment is provided.”
- “Mr Lynch always explains everything very carefully.”
- “The care I receive is the reason I come back.”
- “Have been impressed by how quickly I have been seen and issues addressed.”

The submitted staff questionnaire response indicated that they felt that patients get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire response.

## 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 that patients understand what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report dated December 2016 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. This was not reviewed during this inspection.

### 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 and were very satisfied with this aspect of care. Comments provided included the following:

- "Very happy with all aspects of Moyle Dental Care."
- "Always good care."
- "I am very happy with the care provided."
- "Mr Lynch is very patient and gentle in his approach to all treatment."
- "Have consistently found the dentist and practice staff to be friendly and professional and have felt well informed about my treatment."

The submitted staff questionnaire response indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. The member of staff indicated that 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 response.

## 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.

Mr Lynch 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 a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed, and where appropriate made available to key staff in a timely manner.

Mr Lynch 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 Lynch demonstrated a clear understanding of his role and responsibility in accordance with legislation. 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 of the patients who submitted questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. Comments provided included the following:

- “I have been attending Moyle Dental Care for years and wouldn’t like to change.”
- “The practice is well maintained. He is a caring and skilful dentist which appeals to me.”
- “Excellent in all aspects.”
- “Very professional service and excellent at what they do.”
- “Practice well managed; prompt appointments, minimal waiting time and friendly and professional staff.”

The submitted staff questionnaire response indicated that they felt that the service is well led and were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire response.

**Areas of good practice**

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

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Lynch, registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including



possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

### **7.1 Areas for improvement**

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

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> First time  <b>To be completed by:</b> 27 October 2017	<p>The registered person shall ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff commencing work in the future.</p> <p>Confirmation that a satisfactory AccessNI enhanced disclosure check has been received in respect of the identified staff member should be submitted to RQIA.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been done and with details already submitted.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2  <b>Stated:</b> First time  <b>To be completed by:</b> 27 October 2017	<p>The registered person shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is available for review by inspectors.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> This is duly noted and every effort will be made to have all information present at inspections.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 15 (2) b  <b>Stated:</b> First time  <b>To be completed by:</b> 27 November 2017	<p>The registered person shall ensure that all x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been done for all 3 items and certificates submitted.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 15 (2) b  <b>Stated:</b> First time  <b>To be completed by:</b> 27 November 2017	<p>The registered person shall ensure that the relative analgesia (RA) machine is serviced and maintained in keeping with manufacturer's instructions.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been done.</p>

<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 15.3 <b>Stated:</b> First time <b>To be completed by:</b> 27 December 2017	<p>The registered person shall ensure that all staff receive training in safeguarding children and adults in keeping with best practice and as outlined in the Minimum Standards for Dental Care and Treatment 2011.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Staff have attended an update recently and evidence was submitted.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 15.3 <b>Stated:</b> First time <b>To be completed by:</b> 27 December 2017	<p>The registered person shall ensure that the safeguarding policies are updated to fully reflect the regional policy and guidance documents entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016). Once updated the policies should be shared with staff.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Policy has been updated and staff informed.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12.2 <b>Stated:</b> First time <b>To be completed by:</b> 27 December 2017	<p>The registered person shall ensure that training for all staff in the management of medical emergencies is updated on an annual basis in keeping with best practice guidance.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            CPR training for all staff has been carried out and certs were submitted.</p>

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



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews