

# **Announced Care Inspection Report 23 August 2017**



## **O'Farrell & Staunton**

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

**Address: 34 Upper Mill Street, Newry BT34 1EY**

**Tel No: 028 3026 2322**

**Inspector: Winifred Maguire**

[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 five registered places providing both NHS and private dental treatment. The practice has had a change of ownership and in June 2017 Dental World 1 Limited became the registered provider with Dr Ritu Dhariwal acting as the responsible individual. This organisation has purchased six other dental practices in Northern Ireland and registration with RQIA for these practices is pending.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Dental World 1 Limited  <b>Responsible Individual:</b> Dr Ritu Dhariwal	<b>Registered Manager:</b> Mr Gerard Daly
<b>Person in charge at the time of inspection:</b> Mr Gerard Daly	<b>Date manager registered:</b> 30 April 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

### 4.0 Inspection summary

An announced inspection took place on 23 August 2017 from 10.00 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 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.

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

Two areas requiring improvement were identified against the regulations in relation to replacing the cracked pane of glass in the first floor corridor and formally establishing arrangements for the registered person or her representative to monitor the quality of services and undertake an unannounced visit to the premises at least every six months and provide a written report in accordance with legislation. Seven areas requiring improvement were identified against the standards in relation to devising a written induction programme, updating the adult safeguarding policy and ensuring staff undertake refresher adult safeguarding training, completing radiology entitlement documentation, devising and implementing a written security of prescription pads/forms policy, replacing or repairing a steam sterilizer with rust on the outer casing of the door, reviewing and clearly indexing the policies and procedures to ensure they are easily accessible to staff and amending the incident policy to include details of the RQIA as a reporting body.

Patients who submitted questionnaire responses indicated a high level of satisfaction with the services provided in O'Farrell & Staunton Dental Practice

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>	2	7

Details of the Quality Improvement Plan (QIP) were discussed with Mr Gerard Daly, registered manager and Mrs Fiona Digney, 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 26 January 2017

No further actions were required to be taken following the most recent inspection on 26 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
- 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 Gerard Daly, registered manager, Mrs Fiona Digney, practice manager; and a lead dental nurse. 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

The findings of the inspection were provided to Mr Daly and Mrs Digney at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 26 January 2017**

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

### **6.2 Review of areas for improvement from the last care inspection dated 26 January 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**

Five dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Mrs Digney described how new staff are inducted in the practice. However this process was not recorded and there were no written induction programmes in place relevant to specific roles and responsibilities. An area of improvement against the standards was identified on this matter.

Procedures were in place for appraising staff performance and staff confirmed that appraisals are arranged in the coming months. 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.

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 Digney confirmed that three staff 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. Advice was given on the storage of Enhanced AccessNI certificates and the full completion of a criminal declaration statement.

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 as outlined in the Minimum Standards for Dental Care and Treatment 2011. Formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) had not been provided to all staff.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The 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 adult safeguarding policy did not fully reflect the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

An area of improvement against the standards was identified in relation to amending the adult safeguarding policy to reflect the regional guidance and ensuring staff undertake refresher adult safeguarding training.

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 with the exception of a 'yankauer sucker'. Evidence this item was purchased was submitted to RQIA following the inspection. 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 training is updated on an annual basis in keeping with best practice guidance.

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

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 Little Sister steam steriliser whose outer door casing was rusted. An area of improvement against the standards has been identified in relation to this matter. 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 with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant, two steam sterilisers and a DAC Universal 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.

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 five 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; however it was confirmed it is not in use.

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

documentation had not been completed; which is the process to formalise 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. An area of improvement against the standards has been identified in relation to this matter. 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 fair standard of maintenance and décor. There is a planned redecoration programme ongoing. It was noted a pane of glass in the corridor area on the first floor had several large cracks. An area of improvement against the regulations was identified on this matter.

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.

A legionella risk assessment had been undertaken and water temperatures are monitored and recorded as recommended.

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

A written scheme of examination of pressure vessels was in place dated 10 August 2017.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms, however there was no written security policy in place to reduce the risk of prescription theft and misuse. An area of improvement against the standards has been identified on this matter

## **Patient and staff views**

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



- “Very nice staff.”

Fourteen staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Thirteen staff indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “Patient safety is very important to all staff and of the upmost importance.”

### Areas of good practice

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

### Areas for improvement

Devise written induction programmes that are relevant to specific roles and responsibilities.

Amend the adult safeguarding policy to reflect the regional guidance and ensure staff undertake refresher adult safeguarding training.

Replace or repair the identified steam steriliser which was found to be rusted.

Complete the radiology entitlement documentation; which is the process to formalise 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.

The cracked pane of glass in the corridor area on the first floor should be replaced.

Devise a written security policy to reduce the risk of prescription pad/forms theft and misuse

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	5

### 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.

It was 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.

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. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established. A copy of the ICO certificate and a Freedom of information Publication Scheme were submitted to RQIA immediately following the inspection.

### **Health promotion**

The practice has a strategy for the promotion of oral health and hygiene. A range of health promotion information leaflets were available in the reception area and staff confirmed oral health information is also available on the practice social media site. It was 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
- patient satisfaction survey

### **Communication**

It was 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. 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.

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. Fourteen patients indicated that they were very satisfied with this aspect of care and five indicated that they were satisfied. The following comment was provided:

- “I feel well informed of what’s happening and any concerns I have I know I can bring them up “

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. Twelve staff indicated that they were very satisfied with this aspect of care and two indicated that they were satisfied. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “We pride ourselves on the care we provide to patients.”

### **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.

	<b>Regulations</b>	<b>Standards</b>
<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. It was confirmed the results of the most recent survey are being collated and will be made available to patients and other interested parties. 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 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 that they were very satisfied with this aspect of care and seven indicated that they were satisfied. The following comment was provided:

- "XXX is very nice."

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. Eleven staff indicated that they were very satisfied with this aspect of care and three indicated that they were satisfied. Staff spoken with during the inspection concurred with this. The following comment was provided:

- "All staff are very caring and compassionate."

## 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 Daly is the nominated individual with overall responsibility for the day to day management of the practice. Dr Ritu Dhariwal, the registered person is based in England and does not visit the practice on a regular basis. It was confirmed, Mr Suken Shah, representing Dental World I Limited has visited the practice on a weekly or two weekly basis since the organisation took over the practice in June 2017. There was no formal record of these visits. Mr Daly and the staff stated they felt supported since the change of ownership and have ongoing contact with the management team in England.

However in light of the registered person's infrequent visits, an area of improvement against the regulations was identified in relation to establishing formal arrangements for the registered person or her representative to monitor the quality of services and undertake an unannounced visit to the premises at least every six months in accordance with legislation. Following the unannounced visit to the practice the registered person or her representative should generate a report detailing the main findings of their quality monitoring visit, which should include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated. The report should be shared with the registered manager and be available for inspection.

Whilst a range of policies and procedures were available, there was some difficulty accessing current versions. It was noted new policies and procedures had been received from the Dental World 1 Limited which had not been fully reviewed to ensure they were in accordance with Northern Ireland jurisdiction and suitable to the setting. An area of improvement was identified against the standards to review all policies and procedures to ensure that they are in accordance with the Northern Ireland jurisdiction and the setting; and ensure they are indexed and dated thus allowing ease of access to staff.

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. The incident policy was available however it was noted that it did not list RQIA as a reporting body. An area of improvement was identified against the standards in relation to this matter. 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.

It was 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. However, areas of improvement identified during this inspection would indicate that governance arrangements and the monitoring systems within the practice need to be strengthened to provide more meaningful sustained improvement.

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 Daly 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.

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. Twelve patients indicated that they were very satisfied with this aspect of the service and seven indicated that they were satisfied. The following comment was provided:

- "I received a lovely letter informing me of the new dentist starting. All staff are excellent."

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

- “Staff are aware of who to approach if any problems or issues arise.”

### Areas of good practice

There were examples of good practice found in relation to management of complaints and incidents and maintaining good working relationships.

### Areas for improvement

Establish formal arrangements for the registered person or her representative to monitor the quality of services and undertake an unannounced visit to the premises at least every six months in accordance with legislation. Following the unannounced visit to the practice the registered person or her representative should generate a report detailing the main findings of their quality monitoring visit, which should include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated. The report should be shared with the registered manager and be available for inspection.

Review all policies and procedures to ensure that they are in accordance with the Northern Ireland jurisdiction and the setting; and ensure they are indexed and dated thus allowing ease of access to staff.

Amend the incident policy to include details of the RQIA as a reporting body. .

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 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 Gerard Daly, registered manager and Mrs Fiona Digney, 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](mailto: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](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 25(2)a As amended  <b>Stated:</b> First time  <b>To be completed by:</b> 30 August 2017	The registered person shall ensure that the cracked pane of glass in the corridor area on the first floor is replaced.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> yes . It was fixed on 28 <sup>th</sup> of September 2017. See attached image 2752
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 26 As amended  <b>Stated:</b> First time  <b>To be completed by:</b> 23 September 2017	The registered person shall establish formal arrangements for the registered person or her representative to monitor the quality of services and undertake an unannounced visit to the premises at least every six months in accordance with legislation. Following the unannounced visit to the practice the registered person or her representative should generate a report detailing the main findings of their quality monitoring visit, which should include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated. The report should be shared with the registered manager and be available for inspection.  Ref: 6.7
	<b>Response by registered person detailing the actions taken:</b> I or my representative will establish formal arrangement to monitor the quality of service and undertake a six monthly unannounced visit to the practice. I have attached a template of my spot check and action plan for your consideration . Following the inspection I shall email a copy of the finding to the practice manager allocating time to complete action plan. Kindly advise if this is ok.
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 11.3  <b>Stated:</b> First time  <b>To be completed by:</b> 23 September 2017	The registered person shall devise written induction programmes that are relevant to specific roles and responsibilities.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> The induction form has been completed and filed in each of the staff members file.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 15.3	The registered person shall amend the adult safeguarding policy to reflect the regional guidance and ensure staff undertake refresher adult safeguarding training.

<b>Stated:</b> First time	Ref:6.4
<b>To be completed by:</b> 23 October 2017	<b>Response by registered person detailing the actions taken:</b> The ammended safeguarding policy is attached for your reference.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 14.4  <b>Stated:</b> First time	The registered person shall replace or repair the identified steam steriliser which was found to be rusted.  Ref: 6.4
<b>To be completed by:</b> 23 September 2017	<b>Response by registered person detailing the actions taken:</b> Please see attached image . It has been repaired .
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time  <b>To be completed by:</b> 23 September 2017	The registered person shall ensure the radiology entitlement documentation is completed; which is the process to formalise 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.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Each member of staff has completed an entitlement form, included in section4 of Radiation Protection File , to agree to their duties, and the RPS (Gerry Daly) has signed each form to entitle staff to their duties.Please see attached .
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time	The registered person shall devise a written security policy to reduce the risk of prescription pad/forms theft and misuse  Ref: 6.4
<b>To be completed by:</b> 23 September 2017	<b>Response by registered person detailing the actions taken:</b> We have provided the practice with Drug policy, Procedures and audits .Please see attached .
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time  <b>To be completed by:</b> 23 October 2017	The registered person shall review all policies and procedures to ensure that they are in accordance to the Northern Ireland jurisdiction and the setting; and ensure they are indexed and dated thus allowing ease of access to staff.  Ref: 6.7
	<b>Response by registered person detailing the actions taken:</b> All policies are reviewed and updated annually. I have attached an index to allow ease of access to staff.
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 8.5	The registered person shall amend the incident policy to include details of the RQIA as a reporting body.

<b>Stated:</b> First time  <b>To be completed by:</b> 23 September 2017	Ref: 6.7
	<b>Response by registered person detailing the actions taken:</b> The Incident Policy has been amended to include RQIA as the reporting body .

*\*Please ensure this document is completed in full and returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) from the authorised email address\**



The Regulation and Quality Improvement Authority  
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