

Announced Care Inspection Report 17 October 2017



Ormeau Dental Care

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

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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 six registered places.

3.0 Service details

Organisation/Registered Provider: Ormeau Dental Care Responsible Individual: Mr Paul Megahey	Registered Manager: Mrs Heather Megahey
Person in charge at the time of inspection: Mr Paul Megahey	Date manager registered: 23 February 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: An application to increase the registered places from six to seven was received by RQIA

4.0 Inspection summary

An announced inspection took place on 17 October 2017 from 10.30 to 13.30.

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

During this inspection it was identified that seven dental surgeries are provided in this dental practice. Six of the surgeries are registered with RQIA; the seventh surgery has been added since the previous inspection and had not been registered with RQIA. The seventh surgery was discussed with Mrs Heather Megahey, registered manager, as an application to vary the registration, to increase the number of registered dental chairs from six to seven should have been submitted to RQIA. Mrs Megahey readily agreed to submit an application to vary the registration and on 6 November 2017 RQIA received an application of variation to registration in this regard.

The inspection assessed progress with any issues raised 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. The arrangements within the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair were also reviewed.

Approval of the variation application to vary the registration, by increasing the number of registered dental chairs from six to seven is granted from a care perspective, subject to submission to RQIA of a Quality Improvement Plan (QIP) agreeing that the areas identified for improvement will be addressed within the specified timescales.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development; the management of medical emergencies; infection

prevention and control; and the environment. Other examples included health promotion and engagement to enhance the patients' experience.

Four areas for improvement against the regulations were made, one to ensure all required recruitment records are available for inspection, one to improve on the recording of AccessNI enhanced disclosure checks, one to update identified radiology records in relation to the provision of the seventh dental surgery and one to provide an updated fire risk assessment to reflect the provision of the seventh dental surgery.

Three areas of improvement were also made against the standards, one to ensure that all staff members are informed of the updated safeguarding and protection of adults and children at risk of harm policies, one to ensure an identified dental chair is reupholstered and one to review the governance arrangements to improve staff communications.

One patient submitted a questionnaire response to RQIA and indicated that they were very satisfied with the care and services provided.

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
Total number of areas for improvement	4	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Heather Megahey, registered 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 17 January 2017

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 previous care inspection report
- review of submitted staffing information

The application of variation to increase the dental chairs from six to seven was received and reviewed following the inspection; some issues were discussed with Mrs Megahey by telephone on 13 November 2017.

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 not received by RQIA until after the inspection at which time the questionnaires were reviewed.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mrs Heather Megahey, registered manager, Ms Emma Coyle, clinical manager and a dental nurse. Mrs Megahey and Ms Coyle facilitated the inspection. Mr Paul Megahey, registered person, was treating patients and met briefly with the inspector. 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 seventh 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 17 January 2017

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

6.2 Review of areas for improvement from the last care inspection dated 17 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

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

Review of the submitted staffing information and discussion with staff during the inspection indicated that there were sufficient numbers of staff in various roles to fulfil the needs of the practice and patients. However a review of completed staff questionnaires received by RQIA following the inspection indicated that some staff felt that there were insufficient dental nurses to meet the needs of the practice. This was discussed with Mrs Megahey by telephone on 13 November, who confirmed that three nurses had left the practice within a short time frame and due to recruitment procedures it took a period of time to replace these staff members. Mrs Megahey stated that the practice now has sufficient staff and also stated that later in the year further staff members are due to return from maternity leave, at which time the practice will have more staff that are actually needed.

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. Records demonstrated that each new staff member is provided with an employee handbook which contains pertinent policies and procedures.

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.

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 Megahey confirmed that six new staff members have been recruited since the previous inspection. A review of the

personnel files of a sample of four of these staff members demonstrated that, in general, the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. However one staff file did not provide the staff member's employment history and the reasons for leaving previous employment, nor were two written references provided. Mrs Megahey stated that both she and an associate dentist had interviewed this staff member and the associate dentist held these records. The practice's responsibility to ensure recruitment and selection records were available for review was discussed with Mrs Megahey and the clinical manager. The registered person must be able to evidence that information required in respect of any individual who commences work in the practice, as stated in Schedule 2 of The Independent Health care Regulations (Northern Ireland) 2005, has been sought and retained and available for inspection. An area of improvement against the regulations has been made in this regard.

Review of the staff recruitment records also identified that the AccessNI enhanced disclosure certificates had been received in the practice prior to commencement of employment for three staff members. One staff member's AccessNI enhanced disclosure was recorded as having been received sixteen days after the commencement of employment. This was discussed with Mrs Megahey and the clinical manager, who stated that a recording error may have occurred as they were sure the check had been received prior to commencement of employment. It was agreed that a copy of the AccessNI certificate would be sought from the identified staff member to re-check the date of issue. On 30 October 2017, RQIA received an email from the clinical manager stating that the identified staff member was unable to locate the AccessNI certificate and therefore the practice were unable to verify that they had been in receipt of this AccessNI certificate prior to the staff member commencing work. An area of improvement against the regulations has been made to review and improve the recruitment checking and recording procedures to ensure the practice can verify that an AccessNI enhanced disclosure certificate has been obtained prior to commencement of employment for all persons commencing work in the practice.

A recruitment policy and procedure was available and seen to be comprehensive and reflective of 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. It was confirmed that Mrs Megahey and the clinical manager, safeguarding leads, had not yet completed formal level 2 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). On 30 October 2017, RQIA received an email from the clinical manager which stated that Mrs Megahey and the clinical manager had enrolled to complete formal Level 2 training in safeguarding children and adults at risk of harm, in the near future.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. It was identified that the policies were in need of further development to reflect the most recent best practice regional guidance as listed below. The policies should include the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising, and the relevant contact details for onward referral to the local Health and Social Care

Trust should a safeguarding issue arise. On 30 October 2017, RQIA received an email from the clinical manager which confirmed that the safeguarding and protection of adults and children at risk of harm policies had been updated. An area of improvement under the standards has been made to ensure the updated safeguarding policies are shared with all staff.

Following the inspection the regional guidance documents as listed below were also forwarded to the establishment for staff reference:

- 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016)
- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Northern Ireland Adult Safeguarding Partnership (NIASP) Training Strategy' (revised 2016)

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and 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. Wallpaper was observed in Mr Megahey's surgery; Mr Megahey was aware that wallpaper in the clinical area is not in keeping with Health Technical Memorandum (HTM) 01-05 and confirmed that the wallpaper will be removed during the next planned refurbishment of the surgery.

Fixtures, fittings and equipment were in general free from damage, dust and visible dirt. The dental chair in surgery four was noted to have a tear in the upholstery; this chair should be reupholstered to provide an intact surface that can be effectively cleaned. An area of improvement against the standards was made in this regard.

It was also observed that the walls in surgery six on the ground floor were badly marked and in need of re-painting. Mrs Megahey stated that there are plans to refurbish the reception and patient waiting area in the near future, at which time the surgery will be re-painted.

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.

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 two washer disinfectors and four 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 HTM 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05, six monthly, using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during April 2017. The clinical manager stated the practice was unable to access the IPS audit tool on line; a copy of the IPS audit tool was emailed to the practice following the inspection. On 30 October 2017, RQIA received an email from the clinical manager which confirmed that the IPS audit tool had been completed.

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

The arrangements in regards to the new seventh dental surgery were reviewed. The new surgery has been established in surgery 5 which was previously a single large surgery. The surgery has been fully refurbished to provide two new smaller surgeries (numbered five and seven) which are separated by a partitioning wall within the original room.

It was observed that the flooring in both new surgeries was impervious and coved where it meets the walls and kicker boards of cabinetry. The surgeries were 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 both new dental surgeries 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. Pedal operated clinical waste bins were provided 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 was 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 seventh dental surgery when it is operational.

Radiography

The practice now has seven surgeries, each of which has an intra-oral x-ray machine.

One new intra-oral machine has been provided in the additional new surgery. Mrs Megahey confirmed that a critical examination of the new intra-oral x-ray machine had been undertaken by the appointed radiation protection advisor (RPA); however a report was not available in this regard. It was agreed this report would be provided to RQIA following the inspection. This has been included in an area for improvement against the regulations.

A quality assurance check of each x-ray machine is undertaken by the RPA every three years. Review of the report of the most recent visit by the RPA on 16 and 23 October 2015 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 in the surgeries reviewed and appropriate staff had signed to confirm that they had read and understood these.

However it was identified that the local rules were not in place in the newly refurbished surgeries, five and seven. Local rules should be provided and include the specific arrangements for taking x-rays in these surgeries as outlined in the RPA report. A copy of the new local rules for surgeries five and seven should be provided to RQIA along with evidence that appropriate staff have signed to confirm they have read and understood these. This has been included in an area of improvement against the regulations.

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 satisfactory standard of maintenance and décor. Mrs Megahey stated that there are plans to refurbish the reception and patient waiting areas. 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. Review of records confirmed that the fire detection system and emergency lighting was tested on 06 January 2017 and fire extinguishers are serviced annually

A legionella risk assessment was last undertaken on 26 September 2017; the practice has gas heating and a gas safety record was in place dated March 2017.

Staff demonstrated that they were aware of the action to take in the event of a fire and staff confirmed fire training and fire drills had been completed. A fire risk assessment had been undertaken, however it was identified that the risk assessment should be updated to take account of the work undertaken in relation to the additional seventh surgery. Advice and guidance was provided in this regard. On 30 October 2017, RQIA received an email from the clinical manager stating that the Northern Ireland Fire and Rescue Service will undertake a fire risk assessment. An area of improvement has been made that a copy of the new fire risk assessment is provided to RQIA upon return of the QIP.

A written scheme of examination of pressure vessels was in place and records confirmed that all pressure vessels were last tested on 15 November 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

One patient submitted a questionnaire response to RQIA and indicated that they felt safe and protected from harm. The patient also indicated that they were very satisfied with this aspect of care. No comments were included in the submitted questionnaire response.

Ten staff submitted questionnaire responses. Nine staff indicated that they felt that patients are safe and protected from harm, one staff member did not agree with this statement. Five staff indicated that they were very satisfied with this aspect of care, four indicated they were satisfied and one staff member indicated that they were unsatisfied. Comments provided included the following:

- 'Patient safety is upmost importance – regular staff training days in CPR and radiology.'
- 'Limited nurses among the dentists. Dentists work by themselves.'
- 'There is not sufficient numbers of staff. Staff inductions are not in place at the minute so staff are not adequately trained. There is not always a nurse for every dentist.'

As previously stated some staff commented in the returned questionnaires that they felt there were insufficient staff. The comments made were discussed with Mrs Megahey by telephone following the inspection. Mrs Megahey stated that on two occasions, due to unforeseen circumstances, a dental nurse was not available. Mrs Megahey acknowledged that this is not good practice and the practice had urgently undertaken a vigorous recruitment drive and successfully recruited sufficient staff members. It was also confirmed that staff meetings are held regularly which facilitate staff with a forum to discuss staffing issues and any other concerns they may have. Mrs Megahey gave assurances that there was now adequate staff provided in sufficient numbers and skill mix to meet the needs of the patients, and that staffing levels are reviewed on a continuous basis.

As previously stated a review of four staff personnel files confirmed that these new staff had completed a programme of induction and had been provided with an employee handbook.

Areas of good practice

There were examples of good practice found in relation to staff induction; training; appraisal; management of medical emergencies; infection prevention control and decontamination procedures.

Areas for improvement

Information required in respect of staff who commence work in the practice as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be available for inspection.

Review and improve the recording procedures to ensure the practice can verify that an AccessNI enhanced disclosure certificate has been obtained prior to commencement of employment for all persons who commence work in the practice.

Ensure the updated safeguarding and protection of adults and children at risk of harm policies are shared with all staff; a record should be retained in this regard.

The dental chair in surgery four should be reupholstered.

A copy of the critical examination acceptance report for the new x-ray machine should be retained in the practice. A copy should be provided to RQIA upon submission of the QIP.

A copy of the new local rules for surgeries five and seven should be provided within the identified surgeries and signed by appropriate staff to confirm they have read and understood these. Evidence of this should be provided to RQIA upon submission of the QIP.

A fire risk assessment to include the new dental surgery should be undertaken and a copy provided to RQIA upon submission of the QIP.

	Regulations	Standards
Total number of areas for improvement	4	2

6.5 Is care effective?

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

Clinical records

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

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed that treatment plans are developed in consultation with

patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Electronic records are maintained. 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.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of health promotion information available for patients both via a health promotion video in the waiting area and in print. Oral health promotion appointments are available for patients and are allocated based on patient need by the dentists. Mrs Megahey also confirmed that oral health is actively promoted on an individual level with patients during their consultations with the dentists.

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

The practice is a training practice approved by the Northern Ireland Medical and Dental Training Agency (NIMDTA). A dental foundation year one (DF1) trainee is undergoing a current placement in the practice.

Communication

Mrs Megahey 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 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

The submitted patient questionnaire response indicated that they get the right care, at the right time and with the best outcome for them. The patient also indicated that they were very satisfied with this aspect of care. No comments were included in the submitted questionnaire response.

All 10 submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Five staff indicated that they were very satisfied with this aspect of care and five indicated they were satisfied. Staff spoken with during the inspection concurred with this. The following comment was provided in a submitted questionnaire response.

- 'Easy clinical records with regular audits.'

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity, respect and involvement in decision making

Staff 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

The submitted questionnaire response indicated that the patient felt that they are treated with dignity and respect and are involved in decision making affecting their care, and also indicated that they were very satisfied with this aspect of care. No comments were included in the submitted questionnaire response.

All ten 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. Five staff indicated that they were very satisfied with this aspect of care and five indicated they were satisfied. Staff spoken with during the inspection concurred with this. The following comment was provided in a submitted questionnaire response.

- 'Could consider patient suggestion boxes.'

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern.

Mrs Megahey is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. 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 displayed in the practice. Mrs Megahey and staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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

Mrs Megahey 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.

Mrs Megahey, registered manager, demonstrated a clear understanding of her 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

The submitted questionnaire response indicated that the patient felt that the service is well led and indicated that they were very satisfied with this aspect of the service. The following comment was included in the submitted questionnaire response:

- 'Very informative approach, thereby creating ease of treatment.'

Eight submitted staff questionnaire responses indicated that they felt that the service is well led, two staff felt that the service is not well led. Four staff indicated they were very satisfied with this aspect of the service, four indicated they were satisfied and two staff indicated that they were unsatisfied. Staff spoken with during the inspection did not express any concerns. Comments provided in the submitted questionnaires included the following:

- 'No main person in charge.'
- 'No there is not someone to speak to when things go wrong. Problems are not dealt with as no one wants to listen.'

- 'I feel more could be done in respect to practice management. Most issues seem to go through lead nurse rather than practice manager. Can lead to frustration and tension between staff. Do feel organisation duties need to be reviewed.'

As previously stated, comments made within the submitted staff questionnaires were discussed with Mrs Megahey. In light of the above staff comments and the expansion of the practice which will incur an increased workload for all staff, an area of improvement has been made for the registered person to review the governance arrangements in the practice to improve staff communications.

Areas of good practice

There were examples of good practice found in relation to management of complaints and incidents, and quality improvement.

Areas for improvement

Review the governance arrangements in the practice to improve staff communications and to ensure that management are available and responsive to any suggestions or concerns raised.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Megahey, registered 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; 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.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (3) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 October 2017</p>	<p>The registered person must ensure that information required in respect of all staff who commence work in the practice as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is available for inspection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This is available for inspection</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 2, as amended</p> <p>Stated: First time</p> <p>To be completed by: 17 October 2017</p>	<p>The registered person shall review and improve the recruitment checking and recording procedures to ensure the practice can verify that an AccessNI enhanced disclosure certificate has been obtained prior to commencement of employment for all staff who commence work in the practice.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: procedure in place</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2017</p>	<p>The registered person shall ensure that a copy of the critical examination acceptance report for the new x-ray machine is provided in the practice. A copy should be provided to RQIA upon submission of the QIP.</p> <p>A copy of the new local rules for surgeries five and seven should be provided in the identified surgeries and signed by appropriate staff to confirm they have read and understood these. Evidence of this should be provided to RQIA upon submission of the QIP.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Still awaiting certificate from DMI for critical examination. New local rules are getting drawn up by medical physics. When we have received both we will forward</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 25 (4) (f)</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2017</p>	<p>The registered person shall ensure that a fire risk assessment, to include the new dental surgery is undertaken and a copy provided to RQIA upon submission of the QIP.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Risk assesment has been completed, unfortunately our scanner is down at present. When this is back up we will forward a copy of the assessment</p>
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2017</p>	<p>The registered person shall ensure the updated safeguarding and protection of adults and children at risk of harm policies are shared with all staff; a record should be retained in this regard.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: This is been completed and records retained</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 17 January 2017</p>	<p>The registered person shall ensure the dental chair in surgery four is reupholstered.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: awaiting company to come and carry out this work in the new year</p>
<p>Area for improvement 3</p> <p>Ref: Standard 11.6</p> <p>Stated: First time</p> <p>To be completed by: 17 October 2017</p>	<p>The registered person shall review the governance arrangements in the practice to improve staff communications.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Staff meeting are held monthly as before but we have asked staff to please come to us with any problems. Staff seem happy and have said that they have no concerns at present</p>

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



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