Announced Care Inspection Report
22 February 2018

Peter Grimason Dental Surgery

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 2 Castle Place, Newtownards, BT23 7JE
Tel no: 028 9181 2708
Inspectors: Norma Munn
Brighdin McFalone

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

Organisation/Registered Provider: Mr Peter Grimason	**Registered Manager:** Mr Peter Grimason
Person in charge at the time of inspection: Mr Peter Grimason	**Date manager registered:** 08 November 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

4.0 Inspection summary

An announced inspection took place on 22 February 2018 from 10.00 to 13.20.

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 during and 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 that related to patient safety in respect of radiology and health promotion.

One area for improvement made against the standards during the previous inspection in relation to the fire risk assessment has not been addressed therefore an area for improvement against the regulations has been made.

Ten areas requiring improvement against the standards were identified. These were to further develop the recruitment and selection policy, develop a staff register, provide safeguarding training, to further develop the safeguarding policies, to provide Buccolam pre-filled syringes, to provide automated external defibrillator (AED) pads suitable for use with a child and a size 4 oropharyngeal airway, to address issues in relation to infection prevention and control, to ensure that periodic tests in respect of the washer disinfector are undertaken, to ensure that patient satisfaction surveys are undertaken annually and to update the complaints policy and procedure.

All of the patients who submitted questionnaire responses to RQIA indicated that they were either very satisfied or satisfied with all aspects of care in this service. The following comment was provided in a submitted questionnaire response:

- “The waiting list for the school of dentistry is far too long.”

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	10

Details of the Quality Improvement Plan (QIP) were discussed with Mr Grimason, 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 26 October 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 October 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients prior to the inspection by the practice on behalf of RQIA. Returned completed patient questionnaires were also analysed prior to the inspection.

RQIA invited staff to complete electronic questionnaires. No completed staff questionnaires were submitted to RQIA.

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

During the inspection the inspectors met with Mr Grimason, registered person, two dental nurses and a receptionist. 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

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 Mr Grimason, registered person, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 October 2016.

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 26 October 2016.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Recommendation 1 **Ref**: Standard 13 **Stated:** Second time	The registered person should ensure that the overflow of the hand washing sink in the decontamination room is blanked off using a stainless steel plate and sealed with antibacterial mastic.	**Met**
	Action taken as confirmed during the inspection: Discussion with Mr Grimason and observation confirmed that the overflow in the hand washing basin in the decontamination room had been blanked off in keeping with best	

	practice.	
Recommendation 2 **Ref**: Standard 14.4 **Stated:** First time	X-ray equipment should be serviced in keeping with the manufacturers recommendations and the certificate available at inspection	**Met**
	Action taken as confirmed during the inspection: Discussion with Mr Grimason and a review of documentation confirmed that the intra oral x-ray machine has been serviced in keeping with the manufacturer's instructions.	
Recommendation 3 **Ref**: Standard 14.2 **Stated:** First time	The fire risk assessment and legionella risk assessment should be reviewed in keeping with best practice guidance. Risk assessments should be retained in the premises and available for inspection.	**Partially met**
	Action taken as confirmed during the inspection: A review of documentation and discussion with Mr Grimason confirmed that a fire risk assessment had been undertaken during February 2017 by an external organisation. However, there was no evidence to confirm that the recommendations made by the fire risk assessor had been addressed. This component has not been met therefore an area for improvement against the regulations has been made. Mr Grimason confirmed that the legionella risk assessment had been reviewed since the previous inspection.	
Recommendation 4 **Ref**: Standard 11.4 **Stated:** First time	Fire safety/awareness training should be provided and fire drills undertaken on at least an annual basis. Training records should be retained for inspection.	**Met**
	Action taken as confirmed during the inspection: Discussion with staff and a review of records confirmed that fire awareness training had been provided and fire drills undertaken during February 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

The practice is registered for two dental surgeries however, only one of the dental surgeries is in operation in this practice. Discussion with staff and a review of completed patient questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

No new staff have been recruited since registration with RQIA however, induction programme templates were in place relevant to specific roles within the practice.

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 Mr Grimason confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for inspection.

The recruitment policy and procedure was not in accordance with legislative and best practice guidance. This was discussed with Mr Grimason and he was advised to ensure that the policy includes that the items listed in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 are sought and retained for inspection. An area for improvement against the standards has been made in this regard.

A staff register was not available and an area for improvement against the standards has been made in this regard. The staff register should contain details of name; date of birth; position; date of commencement of employment; date of leaving employment; and details of professional qualifications and professional registration with the GDC, where applicable. The staff register is a live document which should be kept updated and be available for inspection.

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 and in commensurate of their roles. An area for improvement has been made against the standards in this regard.

Policies and procedures were in place for the safeguarding and protection of adults and children. The policies did not include all of the types and indicators of abuse in respect of children and adults, and did not fully reflect regional policies and procedural guidance. An area for improvement against the standards has been made in this regard.

Following the inspection, safeguarding information was forwarded to Mr Grimason by email in respect of both adults and children, including links to the regional safeguarding policies and procedural guidance.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were not provided in keeping with the British National Formulary (BNF). The Glucagon medication was stored out of the fridge and the expiry date had not been revised on the packaging and the expiry date check list in accordance with the manufacturer's instruction. This was discussed with staff and addressed on the day of the inspection. The format of midazolam observed was not as recommended by the Health and Social Care (HSCB). A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the HSCB. Mr Grimason was advised to ensure that Buccolam pre-filled syringes are provided in sufficient doses as recommended by the HSCB and the BNF. An area for improvement against the standards has been made in the regard.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of paediatric pads for use with the AED and a size 4 oropharyngeal airway. An area for improvement against the standards has been made to provide these items in keeping with the Resuscitation Council (UK) guidelines.

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. Staff demonstrated the action taken during a medical emergency incident that had recently occurred in the practice. Discussion with staff confirmed that the incident had been dealt with effectively and compassionately.

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. Disposable aprons and gloves were available in the decontamination room and were stored on the work top. Consideration should be given to the provision of a wall mounted disposable apron and glove dispenser. The following issues were identified in relation to infection prevention and control:

- the gaps where the worktop meets the wall in the main surgery should be sealed
- the lighting pull cords in the main surgery should be replaced with wipeable pull cords or removed as these are no longer required to control the lighting system
- the alcohol gel that has exceeded its expiry date should be disposed of
- sharps boxes should be signed and dated on assembly
- the identified broken foot operated pedal should be repaired or replaced in keeping with best practice
- declutter and deep clean the flooring and the worktops in the staff room area

An area for improvement against the standards has been made to address these issues identified.

Staff were aware of 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 disinfector and steam steriliser 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 with the exception of protein and soil tests in respect of the washer disinfector. This was discussed with staff and it was advised that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. An area for improvement against the standards has been made in this regard.

It was confirmed that the practice had completed a general infection prevention and control audit during February 2018. Mr Grimason was advised that the Infection Prevention Society (IPS) 2013 audit tool should be completed on a six monthly basis in keeping with HTM 01-05.

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

Radiography

The practice has only one surgery in operation which has an intra-oral x-ray machine.

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 and x-ray audits.

A copy of the local rules was on display near the 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. As previously stated, one of the surgeries is not operational. On the day of the inspection this surgery was used as a storage room. Mr Grimason confirmed that he has no plans to use this surgery in the future for private dental care and treatment. Mr Grimason was advised to submit an application of variation to registration to remove the identified surgery from the registration.

Detailed cleaning schedules and a colour coded cleaning system was in place.

Arrangements were in place for maintaining the environment.

Mr Grimason confirmed that the legionella risk assessment had been reviewed. Cold water temperatures had been recorded however; there was no record of hot water temperatures being taken. Mr Grimason confirmed that the hot water storage tank had been removed and if hot water is required, staff boil a kettle of water and mix this with cold water. A thermometer is then used to ensure the correct temperature is reached. It was suggested that a risk assessment is carried out in relation to this practise. Consideration should be given to the provision of warm water for hand hygiene for both patients and staff in keeping with best practice guidance.

As discussed a fire risk assessment had been undertaken during February 2017 by an external organisation. There was no evidence to confirm that the recommendations made by the fire risk assessor had been addressed and there was no evidence to confirm that fire safety checks had been carried out and recorded. As stated in section 6.2 and an area for improvement against the regulations has been made in this regard.

Staff demonstrated that they were aware of the action to take in the event of a fire. As discussed, a review of records confirmed that fire awareness training had been provided and fire drills undertaken during February 2017. As the inspection was undertaken during February 2018 Mr Grimason was advised to ensure that fire awareness training and fire drills are undertaken on at least an annual basis. Mr Grimason confirmed that he was in the process of organising fire training and a fire drill for February 2018.

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

Nine patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Five patients indicated they were very satisfied with this aspect of care and four indicated they were satisfied.

There were no submitted staff questionnaire responses

Areas of good practice

There were examples of good practice found in relation to radiology.

Areas for improvement

Further develop the recruitment and selection policy to fully reflect Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Develop and maintain a staff register to include the names and details of all staff who are employed within the practice.

All staff should attend training in safeguarding of children and adults commensurate of their role in keeping with best practice guidance and in accordance with the Minimum Standards for Dental Care and Treatment 2011.

Review and update the policies and procedures for the safeguarding of adults and children to fully reflect the regional policies and guidance documents. The updated policies should be shared with staff.

Provide Buccolam pre-filled syringes in sufficient doses as recommended by the HSCB and the BNF.

Provide AED pads suitable for use with a child and an oropharyngeal airway size 4 as recommended by the Resuscitation Council (UK) guidelines.

The issues in relation to infection prevention and control should be addressed in keeping with best practice guidance.

Ensure that periodic tests in respect of the washer disinfector are undertaken and recorded in keeping with HTM 01-05.

Review the fire risk assessment undertaken by an external organisation and address the issues identified by the risk assessor.

	Regulations	Standards
Total number of areas for improvement	1	8

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.

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.

Only manual 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 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 were information leaflets available in regards to oral health and hygiene. Staff 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
- infection prevention and control

As discussed Mr Grimason was advised to audit compliance with HTM 01-05 using the IPS 2013 Dental audit tool.

Communication

Staff 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 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. Six patients indicated they were very satisfied with this aspect of care and three indicated they were satisfied.

There were no submitted staff questionnaire responses

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, 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 ensures 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 however; Mr Grimason confirmed that the most recent surveys had been undertaken during 2015. Mr Grimason was advised to ensure that patient satisfaction surveys include the quality of treatment and other services provided and should be undertaken on at least an annual basis. A summary report should be collated and made available to patients. An area for improvement against the standards has been made in this regard.

A policy and procedure was in place in relation to confidentiality.

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. Eight patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied.

There were no submitted staff questionnaire responses

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality and ensuring the core values of privacy and dignity were upheld.

Areas for improvement

Patient satisfaction surveys to include the quality of treatment and other services provided should be undertaken on at least an annual basis. A summary report should be collated and made available to patients.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Grimason 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. 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. The complaints policy should be further developed in accordance with legislation and best practice guidance. An area for improvement against the standards has been made in this regard. 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. As previously discussed a medical emergency incident had recently occurred in the practice. Discussion with staff confirmed that the incident had been dealt with effectively and compassionately. The reporting of the incident was discussed with the Mr Grimason and as the incident did not involve a patient but a person accompanying a patient the incident had not been reported to RQIA. This was discussed with Mr Grimason and he has agreed to ensure that all notifiable events in the future are reported to RQIA in accordance with legislation.

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 Grimason 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 Grimason 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. Six patients indicated they were very satisfied with this aspect of the service and three indicated they were satisfied.

There were no submitted staff questionnaire responses.

Areas of good practice

There were examples of good practice found in relation maintaining good working relationships.

Areas for improvement

Ensure that the complaints policy and procedure in respect of NHS dental care and treatment and in respect of private dental care and treatment is reviewed and updated in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies (April 2009) and the Independent Health Care Regulations (Northern Ireland) 2005.

	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 Mr Grimason, 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 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 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	
Area for improvement 1 **Ref**: Regulation 25 (4) **Stated:** First time **To be completed by:** 22 April 2018	The registered person shall ensure that the fire risk assessment undertaken during February 2017 is reviewed and any recommendations made therein are addressed within the timeframes specified. Records should be retained for inspection. Ref: 6.2 and 6.4
	Response by registered person detailing the actions taken: Fire risk assessment carried out February 2017 has been reviewed following inspection and all recommendations will be followed prior to completion date.
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 11.1 **Stated:** First time **To be completed by:** 22 April 2018	The registered person shall further develop the recruitment and selection policy to fully reflect Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Ref: 6.4
	Response by registered person detailing the actions taken: Recruitment and selection policy has subsequently been updated.
Area for improvement 2 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 22 April 2018	The registered person shall establish a staff register containing the following staff details: • name • date of birth • position • date of commencement of employment • date of leaving employment • details of professional qualifications and professional registration with the GDC, where applicable The staff register should be kept updated and be available for inspection. Ref: 6.4
	Response by registered person detailing the actions taken: Staff register containing details outlined will be established prior to completion date.

Area for improvement 3 **Ref**: Standard 15.3 **Stated:** First time **To be completed by:** 22 April 2018	The registered person shall ensure that all staff attend training in safeguarding of children and adults commensurate of their role in keeping with best practice guidance and in accordance with the Minimum Standards for Dental Care and Treatment 2011. Ref: 6.4
	Response by registered person detailing the actions taken: I am presently booked on to two courses provided by 352 Training Academy, Safeguarding Children for Healthcare Staff and Protection of Adults at Risk of Harm Training. Having completed these courses I plan to train my staff with the information disseminated.
Area for improvement 4 **Ref**: Standard 15.3 **Stated:** First time **To be completed by:** 22 April 2018	The registered person shall review and update the policies and procedures for the safeguarding of adults and children to fully reflect the regional policies and guidance documents. Ref: 6.4
	Response by registered person detailing the actions taken: Review and update of policies outlined carried out and information deseminated at recent staff meeting.
Area for improvement 5 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 22 March 2018	The registered person shall provide Buccolam pre-filled syringes in sufficient doses as recommended by the Health and Social Care Board (HSCB) and the British National Formulary (BNF).
	Response by registered person detailing the actions taken: The previous not recommended format of midazolam was aproppriately disposed of immediately following the inspection and immediately replaced with pre-filled syringes of Buccolam in sufficient doses.
Area for improvement 6 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 22 April 2018	The registered person shall provide automated external defibrillator (AED) pads suitable for use with a child and an oropharyngeal airway size 4 as recommended by the Resuscitation Council (UK) guidelines. Ref: 6.4
	Response by registered person detailing the actions taken: Items mentioned have all been purchased.

Area for improvement 7 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 22 April 2018	The registered person shall address the infection prevention and control issues identified as follows: • the gaps where the worktop meets the wall in the surgery should be sealed • the lighting pull cords in the surgery should be replaced with wipeable pull cords or removed as these are no longer required to control the lighting system. • the alcohol gel that has exceeded the expiry date should be disposed of • sharps boxes should be signed and dated on assembly • the identified broken foot operated pedal should be repaired or replaced in keeping with best practice • declutter and deep clean the flooring and the worktops in the staff room area Ref: 6.4
	Response by registered person detailing the actions taken: All of the above mentioned recommendations have been carried out following inspection.
Area for improvement 8 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 22 March 2018	The registered person shall ensure that periodic tests in respect of the washer disinfector are undertaken and recorded in keeping with HTM 01-05 Decontamination in primary care dental practices. Ref: 6.4
	Response by registered person detailing the actions taken: Periodic testing mentioned has been immediately carried out following inspection.
Area for improvement 9 **Ref**: Standard 9 **Stated:** First time **To be completed by:** 22 May 2018	The registered person shall ensure that patient satisfaction surveys to include the quality of treatment and other services provided are undertaken on at least an annual basis. A summary report should be collated and made available to patients. Ref: 6.6
	Response by registered person detailing the actions taken: Patient satisfaction surveys will be carried out prior to completion date.

Area for improvement 10 **Ref**: Standard 9 **Stated:** First time **To be completed by:** 22 April 2018	The registered person shall ensure that the complaints policy and procedure is reviewed and updated in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies (April 2009) and the Independent Health Care Regulations (Northern Ireland) 2005. The complaints policies and procedures should reflect that patients who remain dissatisfied with the outcome of the complaints investigation in respect of NHS dental care and treatment can refer to the Northern Ireland Public Services Ombudsman only; and in respect of private dental care and treatment, the Dental Complaints Service only. In addition the details of the Health and Social Care Board (HSCB) and the General Dental Council (GDC) should be included as other agencies that may be utilised within the complaints investigation at local level. The details of RQIA should also be included as a body who takes an oversight view of complaints management. Ref: 6. 7
	Response by registered person detailing the actions taken: Changes to complaints poilicy and procedure outlined will be carried out prior to completion date.

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

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
Web www.rqia.org.uk
@RQIANews