

Announced Care Inspection Report

26 May 2016



Quayside Dental & Implant Centre

Service Type: Dental Service

Address: 87 Strand Road, Londonderry, BT48 7NW

Tel No: 028 7126 6000

Inspector: Norma Munn

1.0 Summary

An announced inspection of Quayside Dental & Implant Centre took place on 26 May 2016 from 11:00 to 14:30. Ms Pamela Devine, practice manager, facilitated the inspection and Mr Peter Hughes, registered provider, was available towards the conclusion of the inspection and for feedback.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mr Hughes, Ms Devine and staff demonstrated that, in the main, systems and processes were in place to ensure care to patients was safe and also avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One recommendation has been made in relation to infection prevention control and decontamination.

Is care effective?

Observations made, review of documentation and discussion with Mr Hughes, Ms Devine and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Hughes, Ms Devine and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. One recommendation has been made in relation to contracts of employment/agreements for staff.

This inspection was underpinned by 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).

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Mr Hughes, registered provider, and Ms Devine, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Mr Peter Hughes	Registered manager: Mr Peter Hughes
Person in charge of the service at the time of inspection: Ms Pamela Devine	Date manager registered: 16 January 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Hughes, Ms Devine, one associate dentist, one dental hygienist and two dental nurses. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 6 August 2015

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 6 August 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person must address the following issues in relation to AccessNI checks:</p> <ul style="list-style-type: none"> • an enhanced AccessNI check must be undertaken and received in respect of the identified staff members; • enhanced AccessNI checks must be undertaken and received prior to any new staff, including self-employed staff commencing work in the practice; and • AccessNI disclosure certificates must be handled in keeping with the AccessNI code of practice. 	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of documentation evidenced that enhanced AccessNI checks have been undertaken and received for the identified staff members.</p> <p>Ms Devine confirmed that three members of staff have been recruited since the previous inspection.</p>		

	<p>A review of documentation evidenced that enhanced AccessNI checks had been undertaken and received prior to commencement of employment for all three members of staff.</p> <p>Ms Devine confirmed that AccessNI certificates are handled in keeping with the AccessNI code of practice.</p>	
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<p>Requirement 2</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person must ensure that the following information is retained in the personnel files of any newly recruited staff, including self-employed staff:</p> <ul style="list-style-type: none"> • positive proof of identity, including a recent photograph; • evidence that an enhanced AccessNI check was received prior to commencement of employment; • details of full employment history, including an explanation of any gaps in employment; and • criminal conviction declaration on application. <p>Action taken as confirmed during the inspection:</p> <p>A review of the personnel files of three members of newly recruited staff evidenced that positive proof of identity, an enhanced AccessNI check, full employment history and a criminal conviction declaration had been obtained.</p>	<p>Met</p>
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Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>It is recommended that an overarching policy for the management of medical emergencies reflecting best practice guidance should be developed. The policy should include the following information:</p> <ul style="list-style-type: none"> • arrangements for staff training; • list of emergency medicines and equipment available; • the checking procedures for emergency medicines and equipment; • how to summons help in an emergency; • the procedure for documenting medical emergencies; and • the procedure to be followed in regards to staff debriefing following a medical emergency. 	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The management of medical emergencies policy was available and reflected best practice guidance.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>It is recommended that portable suction, clear face masks suitable for use with children and oropharyngeal airways in a variety of sizes as recommended by the Resuscitation Council (UK) guidelines should be provided.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Portable suction, clear face masks suitable for use with children and oropharyngeal sizes 1,2,3 and 4 had been provided. However, an oropharyngeal airway size 0 had not been provided and was ordered on the day of the inspection.</p>	

<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that all staff who work in the practice, including self-employed staff are provided with a contract of employment /agreement.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Mr Hughes confirmed that the associate dentists and the dental nurses had been provided with contracts of employment /agreements however; the hygienists and sedationist do not have a contract of employment or agreement in place.</p> <p>Mr Hughes was advised to seek advice and guidance from an employment advisor in relation to the issue of contracts of employment/agreements for staff currently working in the practice who do not have these. Records of the advice and guidance should be retained for inspection.</p> <p>A separate recommendation has been made.</p>		

4.3 Is care safe?

Staffing

Four dental surgeries are in operation in this practice. Discussion with Ms Devine and staff and a review of completed patient and staff questionnaires demonstrated that there were in general sufficient numbers of staff in various roles to fulfil the needs of the practice and patients. One comment was made in a returned staff questionnaire in relation to the staffing levels and decontamination. Discussion with Mr Hughes and Ms Devine confirmed that this issue is currently being addressed and a new member of staff will be recruited to focus specifically on the decontamination of instruments.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of three evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place on a six monthly basis. The frequency of these appraisals exceeds best practice. 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 Ms Devine 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.

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

Safeguarding

Staff spoken with 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. Ms Devine confirmed that all staff will be attending refresher training in safeguarding adults in September 2016. This training will incorporate the new regional guidance issued in July 2015 entitled "Adult Safeguarding Prevention and Protection in Partnership". Ms Devine has a copy of the new guidance and has agreed to ensure that the policy is shared with the remainder of the team.

Policies and procedures were in place for the safeguarding and protection of adults and children. Ms Devine has agreed to update the policy for safeguarding adults in keeping with the new regional guidance.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). It was observed that the format of Buccal Midazolam retained was not the format recommended by the Health and Social Care Board (HSCB). Ms Devine was advised that when the current format of Buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of one oropharyngeal airway size zero which was ordered on the day of the inspection. A 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. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. It was observed that venetian blinds were dusty in one of the dental surgeries. The appropriateness of having venetian blinds in clinical areas was discussed and Mr Hughes has agreed to ensure that the venetian blinds are kept clean and free from dust. Staff were observed to be adhering to best practice in terms of uniform policy and hand hygiene.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

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

Discussion with staff evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Processing of handpieces was discussed with Mr Hughes and Ms Devine who were advised to refer to the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015 which was issued to all dental practices by the DHSSPS. A recommendation has been made to review the procedure for the decontamination of dental handpieces.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during 2016.

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

Radiography

The practice has four surgeries, three of which have an intra-oral x-ray machine and one surgery has a combined orthopan tomogram (OPG) and cone beam computed tomography (CBCT) 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, 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 good standard of maintenance and décor.

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 has been undertaken and water temperature is monitored and recorded as recommended.

A fire risk assessment had recently been undertaken during May 2016. RQIA received confirmation by electronic mail on 6 June 2016 that all recommendations made in the fire risk assessment have been addressed. 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.

Patient and staff views

Sixteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

Comments provided included the following:

- “I find staff all very helpful and approachable at every visit.”
- “Great little practice.”
- “Surgery is very clean and very professional in their approach to all of the above.”
- “Always dealt with quickly.”
- “Excellent attention to detail.”
- “All care fully explained before/during and after.”
- “Excellent staff and care provided.”
- “Very happy with all aspects of treatment.”
- “Excellent service.”

Ten staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

One comment provided included the following:

“Decon nurse needed...organised more... less pressure on nurses leaving the surgery and dentist to do decon.”

This comment was discussed with Mr Hughes and Ms Devine and as previously discussed an extra member of staff is being recruited to focus specifically on the decontamination of instruments.

Areas for improvement

The procedure for the decontamination of dental handpieces should be reviewed.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

Clinical records

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient’s treatment session in accordance with best practice.

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

Both manual and 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.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of health promotion information leaflets were available in the reception area. Ms Devine and 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
- IPS HTM 01-05 compliance
- clinical waste management
- clinical records
- review of complaints/accidents/incidents

Communication

Mr Hughes and Ms Devine confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a fortnightly basis to discuss clinical and practice management issues. The frequency of these meetings exceeds best practice. The most recent staff meeting was held during May 2016 and the minutes were retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

Staff confirmed that there are excellent 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 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.

Comments provided included the following:

"I feel very confident with the advice and treatment I receive."

"Check ups and emergency visits dealt with timeously."

"I feel very well informed of my dental treatment and feel I can approach staff with ease."

"Every aspect of care fully explained."

Ten 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. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

“Extremely high standard of care.”

“Backlog of ... hyg appts but 5th surgery is being built and extra staff ...so remedied for future, generally very good.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with 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. The practice coordinator’s office has been specifically designed for patients to discuss any issues in a comfortable and quiet environment away from other patients and staff. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

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

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

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient’s privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

Comments provided included the following:

“Treated very well.”

“Helpful engaging staff.”

“Always have been treated well, all staff are very professional, polite and caring.”

“Dignity and respect always maintained. All staff showed care and compassion at all times.”

“I was able to discuss my treatment in the coordinators office and feel all my questions were answered. In the past I have completed a survey and feel that comments/suggestions are taken on board.”

“Staff treated me with respect at all times.”

Ten submitted staff questionnaire responses indicated that they feel that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

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 excellent working relationships and that management were responsive to any suggestions or concerns raised. Mr Hughes has overall responsibility for the day to day management of the practice.

As previously discussed not all staff who work in the practice have been issued with contracts of employment/agreements. This was discussed with Mr Hughes. A recommendation has been made to ensure that Mr Hughes seeks advice and guidance from an employment advisor in relation to the issue of contracts of employment/agreements for staff currently working in the practice who do not have these. Records of the advice and guidance should be retained for inspection.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on yearly basis. The frequency of these reviews exceeds best practice. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The 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.

Mr Hughes and Ms Devine 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 Hughes demonstrated a clear understanding of their role and responsibility in accordance with legislation. One area has been identified in the 'Is care safe?' domain in relation to the decontamination of dental handpieces.

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 managed.

Comments provided included the following:

"I have found this dentist to be considerate of patients' needs at all times before, during and after treatment."

"I have been coming here for over ten years and wouldn't go anywhere else all the family attends even kids love to come to the dentist."

"Staff are very friendly and knowledgeable."

"I have found the staff to be helpful and caring!"

Ten submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

One comment provided included the following:

"The most well run practice I have been to."

Areas for improvement

Advice and guidance should be sought from an employment advisor in relation to the issue of contracts of employment/agreements for staff currently working in the practice who do not have these. Records of the advice and guidance should be retained for inspection.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Hughes, registered provider, and Ms Devine, practice manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered provider

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered provider will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Independent.Healthcare@rqia.org.uk and assessed by the inspector.

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 registered provider/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.</p>
<p>To be completed by: 26 May 2016</p>	<p>Response by registered provider detailing the actions taken: All nurses aware of this, discussed on 26/5/16 AM + entered into policy reviewed with staff 30/5/16</p>
<p>Recommendation 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>Advice and guidance should be sought from an employment advisor in relation to the issue of contracts of employment/agreements for staff currently working in the practice who do not have these.</p> <p>Records of the advice and guidance should be retained for inspection.</p>
<p>To be completed by: 26 June 2016</p>	<p>Response by registered provider detailing the actions taken: contracts being devised for hygienists.</p>



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