

Announced Care Inspection Report 31 August 2017



R A Smith Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 1 Connaught Park, Armagh Road, Portadown, BT62 3DF
Tel No: 028 3833 4855
Inspectors: Norma Munn and Hall Graham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with two registered places.

3.0 Service details

Organisation/Registered Provider:
Mr Alan Smith

Registered Manager:
Mr Alan Smith

Person in charge at the time of inspection: Mr Alan Smith	Date manager registered: 11 June 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Inspection summary

An announced inspection took place on 31 August 2017 from 10:50 to 14:00.

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

The inspection assessed progress with any areas for improvement identified 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 in all four domains. These related to patient safety in respect of recruitment and selection of staff, the management of medical emergencies, decontamination, radiology and the environment. Other examples included health promotion and engagement to enhance the patients' experience.

One area of improvement under the regulations has been made. This relates to fire safety training and fire drills.

Three areas of improvement under the standards have been made. These relate to safeguarding training, the management of medical emergencies training and undertaking an audit using the Infection Prevention Society (IPS) audit tool on a six monthly basis.

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

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

Details of the Quality Improvement Plan (QIP) were discussed with Mr Smith, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 30 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 June 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 and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspectors met with Mr Smith, registered person, the dental nurse and the cleaner, who also undertakes reception duties. A tour of some of the premises was also undertaken.

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

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

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 June 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 30 June 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (1) (2) Stated: First time	The registered person must ensure that a critical examination by the radiation protection advisor (RPA) is carried out as a matter of urgency.	Met
	On receipt of the RPA report, any recommendations made by the RPA should be actioned and a record retained to evidence this.	
	Confirmation should be provided to RQIA that the critical examination has been carried out.	
Area for Improvement 2	Action taken as confirmed during the inspection: A review of records and discussion with Mr Smith confirmed that the RPA completed a quality assurance check during August 2016. Review of the report of this visit demonstrated that the recommendations made have been addressed.	Met
	The registered person must ensure that the oxygen cylinder which has expired has been	

Ref: Regulation 15 (6) Stated: First time	removed and replaced as a matter of urgency. Action taken as confirmed during the inspection: The dental nurse confirmed that the oxygen cylinder previously in use had been removed and replaced with a new oxygen cylinder. The expiry date recorded on the new oxygen cylinder was 28 August 2020.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Recommendation 1 Ref: Standard 11.4 Stated: First time	The registered person should implement a system to monitor and ensure that the General Dental Council (GDC) continuing professional development (CPD) requirements are met by all clinical staff in the practice, including self-employed staff. Records of training are to be retained. Action taken as confirmed during the inspection: Mr Smith confirmed that he keeps a record of his own training in respect of GDC CPD off site. Discussion with the dental nurse and a review of documentation confirmed that records are maintained in relation to her GDC CPD requirements. However, issues in relation to undertaking training in safeguarding adults and children, fire awareness and the management of medical emergencies have been identified and separate areas for improvement have been made.	Partially met
Recommendation 2 Ref: Standard 11 Stated: First time	All members of the dental team providing treatment under Conscious Sedation should have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in The Provision of Dental Care (2003). A record of training should be generated in retrospect of the dental nurse. Action taken as confirmed during the inspection: Mr Smith confirmed that the dental nurse had received supervised theoretical, practical and clinical training from himself. However, this	Partially met

	had not been documented. The dental nurse confirmed that she will be attending a more formal course in the treatment of patients undergoing Conscious Sedation in the future.	
Recommendation 3 Ref: Standard 15.3 Stated: First time	<p>Refresher training in safeguarding adults at risk of harm and safeguarding children should be provided to all staff as outlined in the Minimum Standards for Dental Care and Treatment (2011).</p> <p>The new regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) should be included in the refresher training.</p> <p>Action taken as confirmed during the inspection: A review of records and discussion with Mr Smith and staff confirmed that refresher training in safeguarding adults and children had not been undertaken since 2014. This was discussed with Mr Smith and the dental nurse.</p> <p>Following the inspection information was emailed to the practice in relation to the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy 2016 that outlines the levels of safeguarding training required.</p> <p>This area for improvement has not been addressed and has been stated for a second time.</p>	Not met
Recommendation 4 Ref: Standard 15.3 Stated: First time	<p>The policy for safeguarding adults and the policy for safeguarding children should be further developed in keeping with current legislation.</p> <p>Action taken as confirmed during the inspection: On the day of the inspection a review of the safeguarding policies and discussion with the dental nurse confirmed that the policies for adults and children had not been further developed in keeping with current legislation.</p> <p>The new regional policy and guidance documents were discussed with the dental</p>	Met

	<p>nurse.</p> <p>Following the inspection copies of the regional policy 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016), the regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and the 'Adult Safeguarding Operational Procedures' (September 2016) were emailed to the practice. It was advised that these documents should be used to help update the practice's own safeguarding policies. Information on what should be included in the safeguarding policies was discussed during the inspection.</p> <p>RQIA received confirmation on 13 September 2017 that the safeguarding policies had been revised in keeping with the regional policy and best practice guidance.</p>	
<p>Recommendation 5</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>A revised expiry date of 18 months from the date of receipt of the Glucagon medication should be recorded on the medication packaging and the expiry date checklist.</p> <p>The expired oral glucose should be replaced</p> <p>A self-inflating bag with reservoir suitable for use with a child should be provided as recommended in the Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013).</p> <p>Action taken as confirmed during the inspection:</p> <p>The dental nurse confirmed that the Glucagon medication is stored out of the fridge. A revised expiry date of 18 months from the date of receipt was recorded on the medication packaging and the expiry date checklist.</p> <p>The expired oral glucose was replaced.</p> <p>A self-inflating bag with reservoir suitable for use with a child was not in the practice. However, following the inspection RQIA received photographic evidence that this</p>	<p>Met</p>

	item had been provided.	
Recommendation 6 Ref: Standard 12.4 Stated: First time	More robust arrangements should be implemented to ensure that emergency medicines and equipment do not exceed their expiry dates.	Met
	Action taken as confirmed during the inspection: A review of records and discussion with the dental nurse confirmed that robust arrangements had been implemented to ensure that emergency medicines and equipment do not exceed their expiry dates.	
Recommendation 7 Ref: Standard 12.1 Stated: Second time	It is recommended that the policy for the management of medical emergencies includes the following information: <ul style="list-style-type: none"> • arrangements for staff training • the provision of equipment • the checking procedures for emergency medicines and equipment • the procedure to summon help • the procedure for documenting medical emergencies and • the procedure to be followed in regards to staff debriefing following a medical emergency 	Met
	Action taken as confirmed during the inspection: The dental nurse confirmed that the policy for the management of medical emergencies had been revised since the previous inspection. The revised policy was reviewed and reflected best practice guidance.	
Recommendation 8 Ref: Standard 13 Stated: First time	The Bowie Dick steam penetration test should be undertaken and recorded in the vacuum steriliser logbook on a daily basis. The monthly soil test undertaken should be recorded in the washer disinfectant logbook.	Met
	Action taken as confirmed during the inspection: A review of documentation and discussion with the dental nurse confirmed that a steam penetration test has been undertaken on a	

	<p>daily basis for the vacuum steriliser and recorded in the logbook.</p> <p>The monthly soil test had also been undertaken and recorded in the washer disinfectant logbook.</p>	
<p>Recommendation 9</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>All relevant staff should be authorised by the radiation protection supervisor (RPS) for their relevant duties and a record retained in the radiation protection file.</p> <p>Training records in respect of radiology should be retained in relation to Mr Smith and relevant staff.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of the radiation protection file evidenced that the dental nurse is entitled by the employer for her relevant duties. Training records in respect of radiology were held on file.</p>	Met
<p>Recommendation 10</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p>	<p>A review of the fire risk assessment should be undertaken and routine fire safety checks recorded in the fire safety logbook.</p> <p>Refresher fire safety training should be provided and fire drills undertaken on an annual basis.</p> <p>Action taken as confirmed during the inspection:</p> <p>Mr Smith confirmed that he had reviewed the fire risk assessment and routine fire safety checks were recorded. However, there was no record of fire training or fire drills being undertaken on an annual basis. This area for improvement has not been fully addressed. A further area for improvement under the regulations has been made to ensure that fire safety training and fire drills are undertaken on an annual basis.</p>	Partially met
<p>Recommendation 11</p> <p>Ref: Standard 8.1</p>	<p>Establish a programme of audit to monitor and review the effectiveness and quality of care delivered to patients at appropriate</p>	Partially met

<p>Stated: First time</p>	<p>intervals. It is suggested that the following should be included in the first instance:</p> <ul style="list-style-type: none"> • x-ray quality grading • x-ray justification and clinical evaluation recording • IPS HTM 01-05 • clinical waste management • clinical record recording • review of complaints/accidents/incidents, if applicable <p>An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.</p> <p>Action taken as confirmed during the inspection: A review of the radiation protection file evidenced that x-ray audits had been undertaken. Discussion with the dental nurse confirmed that there had been no complaints or incidents to audit since the previous inspection. However, the IPS audit had not been completed. A separate area for improvement under the standards has been made in this regard.</p>	
<p>Recommendation 12</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p>	<p>The complaints policy should be further developed to reflect that patients who remain dissatisfied with the outcome of the complaints investigation in respect of NHS can refer to the Northern Ireland Ombudsman.</p> <p>In addition the details of the Health and Social Care Board (HSCB) should be included as an agency that may be utilised within local resolution of a complaint and the details of RQIA should also be included as a body who take an oversight view of complaints management</p> <p>Action taken as confirmed during the inspection: The complaints policy had been reviewed to include the details for the Northern Ireland Public Services Ombudsman and the HSCB. RQIA was included as a body which takes an oversight view of complaints management.</p>	<p>Met</p>

Recommendation 13 Ref: Standard 8.5 Stated: First time	The registered person should ensure that any information requested by RQIA, and specifically the completion of a QIP, should be submitted within the timescales specified.	Partially met
	Action taken as confirmed during the inspection: The previous QIP had not been submitted in a timely manner and Mr Smith was advised to ensure that any information requested by RQIA, and specifically the completion of a QIP, should be submitted within the timescales specified. Mr Smith has agreed to ensure that the QIP following this inspection will be submitted in a timely manner.	
Recommendation 14 Ref: Standard 8 Stated: First time	The registered person should review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.	Met
	Action taken as confirmed during the inspection: It was evident that improvements have been made since the previous inspection in relation to quality assurance and governance arrangements in operation within the practice.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Two dental surgeries are in operation in this practice. Discussion with the dental nurse and a review of completed patient and staff questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the practice and patients. Mr Smith employs one dental nurse and one cleaner in the practice. The cleaner also undertakes other duties such as answering the telephone and escorting patients to and from the surgeries.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within the practice.

Mr Smith confirmed that formal procedures were not in place for appraising staff performance, however, staff confirmed that they felt supported and involved in discussions about their personal development.

The dental nurse confirmed that she keeps herself updated with GDC CPD requirements and records were available for inspection. However issues in relation to undertaking training in safeguarding, fire awareness and the management of medical emergencies have been identified and are discussed within the report.

A review of records confirmed that a 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 Smith confirmed that no new staff have been recruited since the previous inspection. Mr Smith confirmed that he does not intend to recruit staff in the future however, should staff be recruited in the future it was confirmed that systems and processes will be developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There was a recruitment policy and procedure available.

Safeguarding

The dental nurse was 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.

As discussed, a review of records demonstrated that not all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. An area for improvement under the standards had been made previously in relation to safeguarding training. An further area for improvement under the standards has now been made for a second time in this regard.

Policies and procedures were in place for the safeguarding and protection of children and adults at risk of harm. However, the policies did not reflect the regional policies and best practice guidance. RQIA has subsequently received confirmation that the policies have been revised to reflect the regional policies and best practice guidance.

Copies of the regional policy 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016), the regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and the 'Adult Safeguarding Operational Procedures' (September 2016) were emailed to the practice following the inspection. It was advised that these documents are made available for staff reference.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the

exception of a self-inflating bag with reservoir suitable for use with a child. Following the inspection, RQIA received photographic evidence on 13 September 2017 to confirm that this had been provided. 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. The most recent training carried out was during April 2016. Mr Smith confirmed that further training in the management of medical emergencies will be arranged to ensure that this training is updated on an annual basis in keeping with best practice guidance. An area for improvement under the standards has been made in this regard.

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.

As discussed, the policy for the management of medical emergencies had been reviewed to reflect best practice guidance. Protocols were available for staff to 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 work surfaces were intact and easy to clean. A discussion took place in relation to decluttering the main dental surgery to ensure effective cleaning can take place. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. The dental nurse was aware of best practice in terms of the uniform and hand hygiene policies.

The dental nurse demonstrated that they had an understanding of infection prevention and control policies and procedures and was aware of her role and responsibilities. She confirmed that she had received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

The dental nurse was the nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and two steam sterilisers has been provided to meet the practice requirements. A review of documentation evidenced that the washer disinfectant had been appropriately validated; however the two steam sterilisers had not been validated since June 2016. This was discussed with Mr Smith and he was advised that all equipment used in the decontamination process should be appropriately validated. Following the inspection, evidence was provided to confirm that the steam sterilisers had been validated on 21 September 2017. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

There was no evidence that the practice audits compliance with HTM 01-05 using the IPS audit tool. This was discussed with the dental nurse and it was advised that an audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken at least six monthly

and any deficits identified should be addressed. An area for improvement under the standards has been made in this regard.

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

Radiography

The practice has two surgeries, one of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate area. The area in which the OPG is located is not enclosed however, arrangements are in place to ensure that no unauthorised persons are in the locality of the OPG when in use.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was present. A review of the file confirmed that staff have been entitled by the employer 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. Discussion with Mr Smith and the dental nurse confirmed that the entrance hall and toilet facility had been refurbished and the floor covering had been replaced.

Detailed cleaning schedules were in place for areas within the practice.

Arrangements are in place for maintaining the environment this included a legionella risk assessment and fire risk assessment.

Staff demonstrated that they were aware of the action to take in the event of a fire. The dental nurse confirmed that routine fire safety checks were recorded. However, there was no record of fire awareness training or fire drills being undertaken on an annual basis. An area for improvement under the standards had been made previously in relation to fire training and fire drills. As this has not been addressed a further area for improvement under the regulations has now been made in this regard.

It was confirmed that arrangements are in place for the management of prescription pads/forms to reduce the risk of prescription theft and misuse.

Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Two staff submitted questionnaire responses. Both indicated that they felt that patients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to staff recruitment, management of medical emergencies, decontamination, radiology and the environment.

Areas for improvement

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

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

An audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken at least six monthly and any deficits identified should be addressed.

Refresher fire safety training should be provided and fire drills undertaken on an annual basis.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

Clinical records

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

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

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).

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of health promotion information leaflets available in the waiting room. Mr Smith and the dental nurse confirmed that oral health is actively promoted at 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

As discussed Mr Smith has agreed to carry out an audit of compliance with HTM 01-05 using the IPS audit tool. This should be undertaken at least six monthly and any deficits identified should be addressed.

Communication

It was confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Due to the small numbers of staff working in the practice, formal staff meetings have not been held on a regular basis. However Mr Smith and the dental nurse discuss clinical and practice management issues on a daily basis.

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

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Both of the 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 and were very satisfied with this

aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, health promotion 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

The dental nurse demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice and if the dentist needs to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. The dental nurse is aware of how to converse with patients and conduct telephone enquiries in a professional and confidential manner. The dental nurse discussed how she can converse with patients from other countries and is fluent in speaking English, Polish, Russian and Spanish.

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.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report dated 20 June 2016 demonstrated that the practice proactively 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.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care and were very satisfied with this aspect of care. One comment provided included the following:

- “Brilliant practice to visit.”

Both of the 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 and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

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. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Mr Smith 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. The dental nurse was aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

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

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent

communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

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 Smith 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.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. One comment provided included the following:

- “Extremely helpful and arrange emergency treatment immediately.”

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

Areas of good practice

There were examples of good practice found in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Smith, registered person, and the dental nurse 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 25 (4) (c) (d) Stated: First time To be completed by: 1 November 2017	<p>The registered person shall ensure that all staff attend fire safety training and fire drills on an annual basis.</p> <p>Ref: 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: <i>Training complete RAS.</i></p>
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 15.3 Stated: Second time To be completed by: 1 November 2017	<p>Refresher training in safeguarding adults at risk of harm and safeguarding children should be provided to all staff as outlined in the Minimum Standards for Dental Care and Treatment (2011).</p> <p>The new regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) should be included in the refresher training.</p> <p>Ref: 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: <i>Training complete RAS.</i></p>
Area for improvement 2 Ref: Standard 12.2 Stated: First time To be completed by: 1 November 2017	<p>The registered person shall ensure that training for all staff in the management of medical emergencies is updated on an annual basis in keeping with best practice guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: <i>Training course completed Survival - link 20th Nov. 17 RAS</i></p>

Area for improvement 3 Ref: Standard 13.2 Stated: First time To be completed by: 1 November 2017	<p>The registered person shall ensure that an audit of compliance with HTM 01-05 using the IPS audit tool is undertaken at least six monthly and any deficits identified should be addressed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: <i>All aspects are being carried out & in order MS</i></p>
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