Announced Care Inspection Report
12 June 2017

Smiles Dentalcare

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 14 Ballymoney Road, Ballymena, BT43 5BY
Tel No: 028 2565 5060
Inspector: Stephen O'Connor

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

Smiles Dentalcare operates four dental chairs, providing both private and NHS dental care.

Smiles Dentalcare is one of six practices registered with RQIA operated by Portman Healthcare Limited. Mr Mark Hamburger is the responsible person for Portman Healthcare Limited.

3.0 Service details

Organisation/Registered Provider: Portman Healthcare Limited **Responsible Individual:** Mr Mark Hamburger	**Registered Manager:** Ms Rita McCollam
Person in charge at the time of inspection: Ms Rita McCollam	**Date manager registered:** 16 July 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 4

4.0 Inspection summary

An announced inspection took place on 12 June 2017 from 9:55 to 13:25.

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 staff training and development, patient safety in respect of radiology, the environment, the range and quality of audits, health promotion and engagement to enhance the patients' experience.

Issues of concern were identified in relation to recruitment and selection practice. Review of information available indicated that AccessNI enhanced disclosure checks had been received after newly recruited staff commenced employment. It was also identified that not all records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained in respect of newly recruited staff. RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been compromised.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice.

A meeting was held on 22 June 2017 at the offices of RQIA. At this meeting, Mr Hamburger provided an account of the robust actions which have been taken to date, including the systems and processes implemented to prevent a reoccurrence. RQIA were assured that the appropriate actions to address the identified issues have already being taken and subsequently a failure to comply notice was not issued. Additional information in this regard can be found in section 6.3 of this report.

Two areas of improvement against the regulations and one area of improvement against the minimum standards have been made in relation to recruitment and selection practice.

In addition to the areas of concern in relation to recruitment and selection practice, an additional eight areas for improvement have been identified against the minimum standards. These relate to developing and maintaining a staff register, providing protocols for the management of medical emergencies, the provision of some medical emergency equipment, maintaining separate logbooks for the steam sterilisers, ensuring periodic test results are consistently recorded, repairing the system that records the cycle parameters of an identified steam steriliser, the arrangements for the management of prescription pads/forms and generating a patient satisfaction report.

The inspection outcomes identified concerns in relation to the governance and oversight arrangements in Smiles Dentalcare. As a result an area of improvement against the regulations has also been made.

As a result of the findings of this inspection a decision was made to undertake a follow-up inspection within the next three months. The purpose of the follow-up inspection will be to ensure that the issues identified in the Quality Improvement Plan (QIP) have been addressed. Mr Hamburger was informed that a follow-up inspection will be undertaken.

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.

All of the patients who submitted questionnaire responses indicated that they were satisfied with the care and services provided.

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	3	9

Details of the Quality Improvement Plan (QIP) were discussed with Ms Alison Rae, compliance facilitator for Northern Ireland, Ms Catherine Vinden, compliance manager for Portman Healthcare Limited and Ms Samara Macpherson, acting practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

Enforcement notices for registered establishments and agencies are published on RQIA's website at https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity with the exception of children's services.

4.2 Action/enforcement taken following the most recent care inspection on 26 May 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 May 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 inspector met with Ms Alison Rae, compliance facilitator for Northern Ireland, Ms Catherine Vinden, compliance manager for Portman Healthcare Limited, Ms Samara Macpherson, acting practice manager, an associate dentist and a dental nurse who also works as a receptionist.

A sample of 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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

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

The most recent inspection of the practice was an announced pre-registration 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 May 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**
Area for improvement 1 **Ref**: Standard 8 **Stated:** First time	A patient guide should be provided for Smiles Dentalcare and a copy submitted to RQIA upon return of the QIP.	**Met**
	Action taken as confirmed during the inspection: A copy of the patient guide was submitted to RQIA on 5 July 2016.	
Area for improvement 2 **Ref**: Standard 8 **Stated:** First time	A Freedom of Information Publication Scheme should be provided and a copy should be submitted to RQIA upon return of the QIP.	**Met**
	Action taken as confirmed during the inspection: A copy of the Portman Healthcare Limited data protection code of practice for patients was submitted to RQIA on 5 July 2016.	
Area for improvement 3 **Ref**: Standard 13 **Stated:** First time	The door and window of the decontamination room should be closed during the decontamination process.	**Met**
	Action taken as confirmed during the inspection: The decontamination room has separate entrance and exit doors. The doors and windows in the decontamination room were all closed.	
Area for improvement 4 **Ref**: Standard 13	The walls of the decontamination room should be repainted to provide an intact surface to facilitate effective cleaning.	**Met**

Stated: First time	**Action taken as confirmed during the inspection**: The walls in the decontamination room have been partially clad in PVC sheeting. Walls not clad in PVC sheeting were in a good state of repair. Additional works to clad all walls in the decontamination room with PVC sheeting is ongoing.	
Area for improvement 5 **Ref**: Standard 13 **Stated:** First time	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 disinfector.	**Met**
	Action taken as confirmed during the inspection: A dental nurse confirmed that all compatible handpieces are processed in the washer disinfector.	
Area for improvement 6 **Ref**: Standard 8.1 **Stated:** First time	The radiation protection file, including the local rules, should be signed by the appropriate staff to confirm they had read this documentation.	**Met**
	Action taken as confirmed during the inspection: Review of documentation evidenced that the local rules had been signed by appropriate staff, including recently recruited staff.	

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

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

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. 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 Macpherson evidenced that five new staff have been recruited since the previous inspection. Three of the five staff personnel files were reviewed and the following was noted:

- positive proof of identity for all three staff members
- criminal conviction declaration for all three staff members
- confirmation that staff were registered with the GDC, where applicable

Written references and a contract/agreement were missing in respect of two of the staff members and occupational health records were missing in respect of one staff member.

Ms Macpherson, Ms Vinden and Ms Rae were advised that all documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for all staff who commence work in the future.

In relation to all three staff, information was retained indicating that AccessNI enhanced disclosure checks had been undertaken. However, the information did not include any of the pertinent details relating to the AccessNI enhanced disclosure checks including the date the checks were applied for, issued, reviewed or the name of the person who had reviewed the checks and confirmed that they were satisfactory.

In respect of two staff the date of commencement of employment was recorded as 01 June 2017. However, in the absence of a staff register and contracts of employment, these start dates could not be verified. In respect of the third staff member the date of commencement of employment was not clear as a number of documents had recorded conflicting dates. The development and implementation of a staff register has been identified as an area for improvement against the minimum standards.

On further enquiry, it was established that information had been sent to the practice, by an umbrella body confirming that checks had been undertaken in respect of two of the three staff. However, the information was received on 5 June 2017, after they had commenced employment.

In respect of the third staff member there was no information from the umbrella body. As a result of this and the conflicting information regarding the date of commencement of employment, it was not clear if the AccessNI enhanced disclosure check had been received prior to commencement of employment.

There was no evidence that the registered persons, responsible for the recruitment and selection of staff, were involved in or had oversight of the recruitment process.

There was a corporate recruitment policy and procedure available. The policy had not been localised to the practice and it lacked detail.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice. A meeting was held on 22 June 2017 at the offices of RQIA.

At the intention to issue a failure to comply meeting Mr Hamburger and Ms Rae presented a report of a thorough internal investigation into the issues identified during the inspection. Additional information was also presented in relation to recruitment and selection practice to include the practice recruitment policy and procedure, the personnel with responsibility for staff recruitment and information pertaining to the AccessNI enhanced disclosure checks undertaken in respect of the five staff who had been recruited.

Review of the information presented evidenced that robust recruitment processes have been developed. Implementation of these processes will ensure safeguards to protect and minimise risk to patients during the recruitment process are in place. A failure to comply notice was not issued.

Having considered the assurances provided at the failure to comply meeting and to ensure sustained compliance, two areas of improvement against the regulations and one area of improvement against the minimum standards have been made in relation to recruitment and selection practice. These relate to ensuring AccessNI enhanced disclosure checks have been undertaken and received prior to commencement of employment; that all of the information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained, prior to commencement of employment; and as discussed that pertinent information contained within AccessNI enhanced disclosure checks is appropriately documented.

It was also agreed that a follow-up inspection will be undertaken to Smiles Dentalcare within the next three months to follow up on other issues identified during the inspection, and ensure that the systems and processes, in relation to recruitment and selection of staff, as outlined, have been embedded into practice.

Safeguarding

Staff were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that Ms Macpherson, the safeguarding lead will complete formal training on 26 June 2017 in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct

referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Despite good systems and processes being in place in relation to safeguarding, the issues identified with recruitment and selection practices have the potential to place patients at risk.

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 most emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was observed that automated external defibrillator (AED) pads and a self-inflating bag with reservoir suitable for use with a child were not available. The provision of this equipment has been identified as an area for improvement against the minimum standards. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

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

The policy for the management of medical emergencies was not reviewed during the inspection. It was confirmed that protocols outlining the local procedure for dealing with the various medical emergencies as outlined in the British National Formulary (BNF) were not available for staff reference. The provision of these medical treatment protocols has been identified as an area for improvement against the minimum standards.

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. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

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

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room, separate from patient treatment areas, and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector 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 the washer disinfector logbook has been fully completed. It was identified that the same logbook was being used to record periodic test results for both of the steam sterilisers. Best practice guidance outlined in Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices indicates that a separate logbooks must be completed for each piece of decontamination equipment. This issue had previously been identified and a second logbook purchased so that separate logbooks would be retained for each steriliser. It was also noted that the results of the daily automatic control test (ACT) were not being consistently recorded. Staff confirmed that the system to record the cycle parameters in respect of one of the sterilisers was malfunctioning and had been referred to a service engineer. Areas for improvement against the minimum standards have been made to address these matters.

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 February 2017.

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

Radiography

The practice has four surgeries, each of 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 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 high 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 to include routine servicing of the intruder alarm, fire detection system and firefighting equipment and emergency lighting. Arrangements are also in place for routine inspections of portable appliances, fixed electrical wiring installations and emergency lighting.

The fire risk assessment has been completed by an external organisation. Routine checks are undertaken in respect of the fire detection system. Staff demonstrated that they were aware of the action to take in the event of a fire.

The legionella risk assessment has been completed by an external organisation and water temperatures are monitored and maintained as outlined in the risk assessment.

Arrangements are in place to ensure appropriate risk assessments are reviewed on an annual basis.

Review of documentation evidenced that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels.

It was observed that a Close Circuit Television (CCTV) system was in place. Ms Macpherson was advised to review the RQIA guidance document in regards to CCTV systems to ensure they fully adhere to the document. Following the inspection a copy of the CCTV guidance document was forwarded to Ms Macpherson.

Ms McPherson, Ms Viden and Ms Rae were not aware of the arrangements in place for the management of prescription pads/forms and they confirmed that written security policies to reduce the risk of prescription theft and misuse were not in place. The arrangements in regards to prescription pads/forms and the development of written security policies was identified as an area of improvement against the minimum standards.

Patient and staff views

Five patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. All five patients indicated they were very satisfied with this aspect of care. The following comment was included in a questionnaire response:

- “Very happy people”

Ten staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Eight staff indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Staff spoken with during the inspection concurred with this. The following comment was included in a questionnaire response:

- “Yes our lead nurse is on top of all compliance in the building”

Areas of good practice

There were examples of good practice found in relation to induction, training, appraisal, radiology and the environment.

Areas for improvement

AccessNI enhanced disclosure checks must be undertaken and received prior to any new staff commencing work in the future.

All information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended should be sought and retained for all staff including self-employed staff who commence work in the future.

Information contained within AccessNI enhanced disclosure checks should be recorded.

A staff register should be developed and implemented.

Automated external defibrillator (AED) pads and a self-inflating bag with reservoir suitable for use with children should be provided.

Protocols outlining the local procedure for dealing with the various medical emergencies as outlined in the BNF should be available for staff reference.

Separate logbooks should be maintained for each steam steriliser.

The results of periodic tests should be consistently recorded in keeping with Health Technical Memorandum (HTM) 01-05.

The system that records the cycle parameters for the identified steam steriliser should be repaired.

Robust arrangements for the management of prescription pads/forms, including written security policies, should be established and shared with appropriate staff.

	Regulations	Standards
Total number of areas for improvement	2	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.

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

Computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality. Any paper records generated or received by the practice are scanned and uploaded to the electronic records system and then shredded.

Policies were available in relation to records management, data protection and confidentiality and consent. Ms Macpherson confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

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. Oral health is actively promoted on an individual level with patients during their consultations and when appropriate patients are referred to the hygienist. A range of resources including information leaflets, demonstration models, cameras and an electronic educational package are available for use during oral hygiene discussions. A range of oral healthcare products are available for purchase and samples of products are freely distributed to patients. The practice has facilitated information sessions in local schools. A television in the waiting area plays slideshows, displaying information about the practice, treatments available and information in regards to oral health and hygiene. The practice also has a Facebook page and website both of which include information on oral health and hygiene.

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

The associate dentist confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

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

Patient and staff views

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

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

- "Patients come first"

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity, respect and involvement in decision making

Staff demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

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

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

The practice undertakes patient satisfaction surveys on a routine basis. It was confirmed that the marketing department of Portman Healthcare Limited ask patients who underwent treatment the previous month to complete an online survey. However, it was not clear when the most recent patient satisfaction report was generated. An area of improvement against the minimum standards has been identified in this regard.

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 five patients who submitted questionnaire responses indicated that they are treated with dignity and respect, are involved in decision making affecting their care and indicated that they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

All 10 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. Eight staff indicated they were very satisfied with this aspect of care and two indicated that they were satisfied. Staff spoken with during the inspection concurred with this. 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

A patient satisfaction report should be generated on at least an annual basis.

	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. There is the nominated individual with overall responsibility for the day to day management of the practice. The registered person has nominated the compliance facilitator for Northern Ireland to monitor the quality of services and undertake a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits were available for inspection.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was 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, discussion with Ms Rae and Ms Macpherson and review of documentation evidenced 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.

Ms Macpherson 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.

Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

The inspection outcomes identified concerns in relation to the day to day governance and oversight arrangements in Smiles Dentalcare. Mr Hamburger must review the current governance and oversight arrangements and ensure that any future arrangements address the issues identified and ensure improvements are sustained. An area of improvement against the regulations has been made in this regard.

As a result of the findings of this inspection a decision was made to undertake a follow-up inspection within the next three months. The purpose of the follow-up inspection will be to ensure that the issues identified in the QIP have been addressed. Mr Hamburger was informed that a follow-up inspection will be undertaken.

Patient and staff views

All five patients who submitted questionnaire responses indicated that they felt that the service is well led and that they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

All 10 submitted staff questionnaire responses indicated that they felt that the service is well led. Eight staff indicated they were very satisfied with this aspect of the service and two indicated they were satisfied. 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 management of complaints and incidents and maintaining good working relationships.

Areas for improvement

Governance and oversight arrangements must be reviewed and improved and any future arrangements must address the issues identified during the inspection and ensure improvements are sustained.

	Regulations	Standards
Total number of areas for improvement	1	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 Ms Alison Rae, compliance facilitator for Northern Ireland, Ms Catherine Vinden, compliance manager and Ms Samara Macpherson, acting practice manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Independent.Healthcare@rqia.org.uk 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 19 (2) Schedule 2, as amended **Stated:** First time **To be completed by:** **12 June 2017**	The registered person must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff commencing work in the future. Ref: 6.4
	Response by registered person detailing the actions taken: A Robust Recruitment Policy and Procedures have been put in place and has also been put in place in ALL NI Portman Practices. Completed.
Area for improvement 2 **Ref:** Regulation 19 (2) Schedule 2 **Stated:** First time **To be completed by:** 12 June 2017	The registered person must ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended is sought and retained for all staff including self-employed staff who commence work in the future. Ref: 6.4
	Response by registered person detailing the actions taken: Contracts are now signed and in place. Completed
Area for improvement 3 **Ref:** Regulation 17.1 **Stated:** First time **To be completed by:** 20 July 2017	The registered person must review the current governance and oversight arrangements and ensure future arrangements address the issues identified during this inspection and ensure that improvements are made and sustained. Ref: 6.7
	Response by registered person detailing the actions taken: There is now ongoing weeky reports and Registered Provider Visits in place for this practice and a practice visit is arranged for End July.
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:** 12 July 2017	A system for recording and verifying AccessNI enhanced disclosure checks should be developed to include the following; • the personal details of the staff member the check pertains to i.e. name, address • a record of the date that the application form was submitted to the umbrella organisation • a record of the dates the Enhanced Disclosure was issued and received by the practice • a record of the unique AccessNI reference number on the disclosure certificate • the outcome of the registered person's consideration of that

	certificate, signed and dated Ref: 6.4
	Response by registered person detailing the actions taken: An Access NI Confirmation Sheet has been formulated and is now in all the new team members recruitment files and has also been sent out to all NI Practices for use with new team members. Completed
Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 12 July 2017	A staff register should be developed and implemented to include the following information in respect of all staff: • name and date of birth • position in the practice • General Dental Council registration number, if applicable • date commenced employment • date employment ended The staff register is considered to be a 'live' document and should be updated as and when necessary. Ref: 6.4
	Response by registered person detailing the actions taken: A Staff Register has been out in place in the practice which is to be used as a live document and updated regularly. Completed.
Area for improvement 3 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 12 July 2017	Automated external defibrillator (AED) pads and a self-inflating bag with reservoir suitable for use with children should be provided. Ref: 6.4
	Response by registered person detailing the actions taken: These AED Child pads and self inflating bag with reservoir are now in place in the practice. Completed
Area for improvement 4 **Ref**: Standard 12.1 **Stated:** First time **To be completed by:** 20 July 2017	Protocols outlining the local procedure for dealing with the various medical emergencies as outlined in the British National Formulary (BNF) and as listed below should be available for staff reference: • Anaphylaxis • Asthma • Cardiac emergencies • Epileptic seizures • Hypoglycaemia • Syncope Ref: 6.4
	Response by registered person detailing the actions taken: These are now in place for all Team members to make use of. Completed

Area for improvement 5 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 20 July 2017	Separate logbooks should be maintained for each steam steriliser. Ref: 6.4
	Response by registered person detailing the actions taken: There is now a log book in place for each machine. Completed
Area for improvement 6 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 20 July 2017	The results of periodic tests should be consistently recording in keeping with Health Technical Memorandum (HTM) 01-05. Ref: 6.4
	Response by registered person detailing the actions taken: Lead Nurse Kathry Creith is reviewing this at regular intervals and all tests/parameters are being logged in each book. Completed
Area for improvement 7 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 20 July 2017	The system that records the cycle parameters for the identified steam steriliser should be repaired. Ref: 6.4
	Response by registered person detailing the actions taken: The securilog machine has been repaired and is now fully operational with data being downloaded weekly to comouter at reception desk. Completed
Area for improvement 8 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 20 July 2017	Robust arrangements for the management of prescription pads/forms should be established. Written security policies to reduce the risk of prescription theft and misuse must be developed and shared with appropriate staff. Ref: 6.4
	Response by registered person detailing the actions taken: Prescription pad numbers are logged and kept separately from all the pads. Pads are kept in each surgery in a locked drawer. 2 people are now assigned in the ordering of all prescription pads. Completed
Area for improvement 9 **Ref**: Standard 9.4 **Stated:** First time **To be completed by:** 20 July 2017	An anonymised report detailing the main findings of all means by which patients provide feedback in regards to the quality of care and treatment should be generated at least on an annual basis. The report should be made available to patients and other interested parties. Ref: 6.6
	Response by registered person detailing the actions taken: There is now an annual patient survery report in place in the practice. Completed.

Please ensure this document is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address

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