Announced Care Inspection Report
25 May 2017

Oasis Dental Care Omagh, Campsie Road

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 27 Campsie Road, Omagh, BT79 0AE
Tel no: 028 8224 4811
Inspector: Emily Campbell

1.0 Summary

An announced inspection of Oasis Dental Care Omagh, Campsie Road, took place on 25 May 2017 from 10:00 to 13:35.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Observations made, review of documentation and discussion with Ms Linda Burns, registered manager, and staff demonstrated that further development is needed to ensure that care provided to patients is safe and 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. Four requirements were made in relation to written induction programmes, ventilation in the decontamination room, radiology and pressure vessel examination. One recommendation was made in relation to the development of a prescription security policy.

Is care effective?

Observations made, review of documentation and discussion with Ms Burns 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 Ms Burns and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. A recommendation was made, for the second time, that the summary report of the monthly patient satisfaction survey reflects the number of participants in the survey.

Is the service well led?

Information gathered during the inspection evidenced that, in general, 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. A recommendation was made in relation to the quality of the registered person's six monthly monitoring visits and the availability of the monitoring reports.

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	4	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Linda Burns, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 24 June 2016.

2.0 Service details

Registered organisation/registered person: Oasis Dental Care Mr Andrew Relf	**Registered manager:** Ms Linda Burns
Person in charge of the practice at the time of inspection: Ms Linda Burns	**Date manager registered:** 19 February 2016
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 Ms Burns, registered manager, an associate dentist, two dental nurses, a dental nurse/receptionist and a receptionist. 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 24 June 2016

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 24 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 15 (7) **Stated:** First time	The registered provider must ensure that the following issues pertaining to infection prevention and control are addressed: • black bag waste bins in surgeries were not pedal operated • a tear was observed on the dental nurse's chair in surgery 1 • the horizontal blinds on one window in surgery 1 were dusty and the vertical blinds in the other surgeries appeared grubby. Consideration should be given to the removal of blinds in surgeries. • in surgery 1 there were three cupboards which did not have doors and there was a hole in one of the worktops • the Durr suction unit in surgery 4 was housed under a worktop which was not closed in and staff reported it was very noisy when in use • there was no soap dispenser in the staff toilet	**Met**

	facility; this should be wall mounted • a cobweb was observed at the top of a window surgery 3 • colour coded mops had been left steeping in a bleach solution in mop buckets • wrapped sterilised dental instruments are stored in the OPG room and the dental surgeries. Instruments should not be stored in surgeries	
	Action taken as confirmed during the inspection: Observations made evidenced that this requirement has been addressed.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 11.3 **Stated:** First time	Formal written induction programmes should be developed for staff relevant to their roles. Copies of completed induction records should be retained.	**Not Met**
	Action taken as confirmed during the inspection: Discussion with Ms Burns confirmed that this recommendation has not been addressed. Review of induction programmes evidenced that they still only pertain to the first day of employment which mainly focuses on corporate arrangements. This recommendation was stated as a requirement during this inspection.	
Recommendation 2 **Ref**: Standard 11 **Stated:** First time	A system should be established to ensure that staff appraisals are carried out on an annual basis. Appraisal records should be retained.	**Met**
	Action taken as confirmed during the inspection: Ms Burns confirmed that staff appraisal had been provided. Review of five staff appraisals evidenced this.	
Recommendation 3 **Ref**: Standard 11.1 **Stated:** First time	Recruitment and selection procedures should be further developed to ensure that all relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained in respect of any new staff recruited to include: • a criminal conviction declaration • two written references, one of which should be from the current/previous employer • reasons for leaving employment and an	**Met**

	explanation of any gaps in employment	
	Action taken as confirmed during the inspection: Review of submitted information and discussion with Ms Burns confirmed that one staff member had been recruited since the previous inspection. Review of the staff member's personnel file evidenced that all recruitment checks as outlined in the regulations had been undertaken.	
Recommendation 4 **Ref**: Standard 14.2 **Stated:** First time	In the interest of health and safety of staff, that the ventilation system in the decontamination room should be reviewed to provide a more comfortable environment for staff to work in.	**Not Met**
	Action taken as confirmed during the inspection: It was disappointing to note that no progress had been made in addressing the ventilation in the decontamination room. The room was hot and staff spoken with confirmed that it was very uncomfortable to work in. Staff advised that this is an issue throughout the year but gets even worse during the hot weather. A requirement was made that this matter must be addressed as a matter of urgency and a one month timescale for completion was provided. Following the inspection, the inspector tried to contact Mr Andy Relf, registered person, to discuss concerns regarding this matter. Mr Relf was not available and an email outlining the issues was sent to Mr Relf on 1 June 2017.	
Recommendation 5 **Ref**: Standard 13 **Stated:** Second time	It is recommended that: • the decontamination and infection prevention and control policy should be further developed to reflect the Northern Ireland amendments of HTM 01-05 and the environmental cleaning section should reflect the local arrangements and specifically the contracted cleaning arrangements and colour coding of cleaning equipment	**Met**
	Action taken as confirmed during the inspection: Review of documentation confirmed that this recommendation has been addressed.	

Recommendation 6 **Ref**: Standard 8.3 **Stated:** First time	A radiation protection advisor (RPA) report should be obtained and any recommendations made by the RPA should be addressed All relevant staff should be authorised by the radiation protection supervisor (RPS) for their relevant duties. The Oasis Dental Care Clinical Governance Manual should be further developed to include reference to the Ionising Radiation Regulations (IRR) (Northern Ireland) 2000 and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) (Northern Ireland) 2000 legislation.	**Not Met**
	Action taken as confirmed during the inspection: Review of the radiation protection file evidenced that this recommendation has not been addressed. This matter is discussed further in section 4.3 of the report and a requirement was made.	
Recommendation 7 **Ref**: Standard 14.2 **Stated:** First time	The recommendations made in the legionella risk assessment should be addressed.	**Met**
	Action taken as confirmed during the inspection: Ms Burns confirmed that the recommendations made in the legionella risk assessment had all been addressed, some of which had been completed by external contractors. Ms Burns was advised that the dates of completion of each action point should be recorded in the action plan provided by the risk assessor.	
Recommendation 8 **Ref**: Standard 9.4 **Stated:** First time	In order to make the patient consultation process more meaningful, patient satisfaction questionnaires should be collated over a longer period of time, for example three, six or twelve months. The summary report should reflect the period of the consultation and the number of participants and should be made available to patients and for inspection.	**Partially Met**
	Action taken as confirmed during the inspection: Ms Burns advised that Oasis Dental Care considered this recommendation and decided to continue collating patient satisfaction questionnaire results and displaying them on a	

	monthly basis. This is satisfactory; however, the monthly reports do not identify the number of patients who participated in each monthly survey. Review of the results for January to April 2017 evidenced that nine, none, four and 10 responses were received for the respective months. This could be misleading to patients. This recommendation has been partially addressed. The aspect of including the number of participants in the summary report for each month is stated for the second time.	
Recommendation 9 **Ref**: Standard 1 **Stated:** Second time	It is recommended that the patient guide should be further developed to include the arrangements for patient consultation as outlined in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.	**Met**
	Action taken as confirmed during the inspection: Review of the patient guide evidenced that this recommendation has been addressed.	

4.3 Is care safe?

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.

Staff confirmed that new staff are provided with induction on commencement of employment. As discussed previously, Ms Burns confirmed that the recommendation, made during the previous inspection, that formal written induction programmes are developed for staff relevant to their roles, had not been addressed. Review of induction programme templates evidenced that they still only pertain to the first day of employment which mainly focuses on corporate arrangements. A requirement was made in this regard.

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. A review of a sample of five evidenced that appraisals had been completed within the last year. 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 Burns confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for this staff member 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.

Ms Burns confirmed that a recruitment policy and procedure was available.

A staff register was available and was observed to be kept up to date.

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.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policy 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.

Management of medical emergencies

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

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

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

A policy for the management of medical emergencies was provided in the practice, this was not reviewed during the inspection. 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. 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. 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. As discussed previously, the decontamination room was hot and staff spoken with confirmed that it was very uncomfortable to work in. As there had been no action taken to address the previous recommendation to review the ventilation system, a requirement was made that this matter should be addressed as a matter of urgency within a one month timescale. Following the inspection, the inspector tried to contact Mr Relf to discuss concerns regarding this matter. Mr Relf was not available and an email outlining the issues was sent to Mr Relf on 1 June 2017.

Appropriate equipment, including a washer disinfector and three steam sterilisers, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

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 December 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, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained.

Review of the file confirmed that staff have not been authorised by a radiation protection supervisor (RPS) for their relevant duties. It was evidenced that some measures are taken to optimise dose exposure which included the use of rectangular collimation and x-ray quality grading audits. Ms Burns advised that the practice is planning to move from chemical processing of x-rays to digital x-ray processing in the near future; this will further optimise dose exposure.

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.

Engineer reports were available in respect of three of the x-ray units which were carried out in September 2015 and for newly installed x-ray units in February 2016 and September 2016. However, there was no evidence that the appointed radiation protection advisor (RPA) had completed a quality assurance check or had at any stage reviewed the arrangements in the practice.

The Oasis Dental Care Clinical Governance Manual refers to the Ionising Radiation Regulations (IRR) and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) in Great Britain. The manual should be further developed to include reference to the IRR 2000 and IR(ME)R 2000 (Northern Ireland) legislation.

The issues above were identified during the previous inspection on 24 June 2016 and a recommendation was made to address these. As no progress has been made in this matter a requirement was made during this inspection that:

- a radiation protection advisor (RPA) report is obtained and any recommendations made by the RPA are addressed
- all relevant staff should be authorised by the radiation protection supervisor (RPS) for their relevant duties
- the Oasis Dental Care Clinical Governance Manual should be further developed to include reference to the IRR 2000 and IR(ME)R 2000 (Northern Ireland) legislation

The inspector contacted Mr Relf by email on 1 June 2017 to advise of RQIA's concerns that no progress had been made in addressing these issues since the previous inspection. Mr Relf was advised that a requirement was made with a six week timesclale for completion.

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. This included review of a variety of general and health and safety risk assessments.

A legionella risk assessment was undertaken on 9 June 2016. As discussed previously, Ms Burns confirmed that the recommendations made in the legionella risk assessment had all been addressed, some of which had been completed by external contractors. Ms Burns was advised that the dates of completion of each action point should be recorded in the action plan provided by the risk assessor.

A fire risk assessment had been undertaken and 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.

A written scheme of examination of pressure vessels had been established. However, records reviewed indicated that some pressure vessels, which were due for inspection, under the written scheme in September 2016, had not been inspected. A requirement was made in this regard.

It was confirmed that arrangements were in place for the management of prescription pads/forms. However, Ms Burns confirmed that a written security policy had not been developed to reduce the risk of prescription theft and misuse as directed by the Health and Social Care Board (HSCB) in March 2017. A recommendation was made in this regard.

Patient and staff views

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

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Two staff indicated they were very satisfied with this aspect of care one satisfied and one did not respond. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

Formal written induction programmes should be developed for staff relevant to their roles. Copies of completed induction records should be retained.

The ventilation system in the decontamination room must be reviewed as a matter of urgency.

An RPA report should be obtained and all relevant staff should be authorised by the RPS for their relevant duties. The Oasis Dental Care Clinical Governance Manual should include reference to the Northern Ireland IRR and IR(ME)R legislation.

Pressure vessels should be inspected under the written scheme of examination of pressure vessels and records retained.

A written security policy to reduce the risk of prescription theft and misuse should be developed.

Number of requirements	4	**Number of recommendations**	1

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 it was confirmed that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options. Patients are provided with written treatment plans including approximate costs and information pertaining to after care following treatment is available in a range of languages.

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. These were not reviewed during the inspection.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There were information leaflets available in the waiting room and on display promoting oral health. Staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. Models for demonstration purposes and supplementary information is available. The practice participates in regional campaigns such as cancer awareness and no smoking and has also visited a local primary school to promote oral hygiene.

Ms Burns advised that the practice plans to provide oral health presentations at local schools in the future as part of the practice's oral health promotion strategy.

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
- hand hygiene
- review of complaints/accidents/incidents
- review of risk assessments

Communication

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

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

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

All 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. Two staff indicated they were very satisfied with this aspect of care, one satisfied and one did not respond.. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

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. 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.

The practice can accommodate patients with a disability and an interpreter service is available for patients who require this assistance. Written treatment plans including estimated costs are provided to patients and information pertaining to after care following treatment is available in a variety of languages.

A system has been established within the Oasis Dental Care group that all patients are provided with a patient satisfaction questionnaire on completion of their course of treatment. The results of these are then collated on a monthly basis and the results of the most recent survey were on display in the waiting area. However, as discussed previously, the monthly reports do not identify the number of patients who participated in each monthly survey. Review of the results for January to April 2017 evidenced that nine, none, four and 10 responses were received for the respective months. This could be misleading to patients. A recommendation was stated for the second time in this regard.

A policy and procedure was in place in relation to confidentiality. This was not reviewed during the inspection.

Patient and staff views

The patient who submitted a questionnaire response indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The patient indicated they

were very satisfied with this aspect of care. No comments were included in the submitted questionnaire response.

All 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. Two staff indicated they were very satisfied with this aspect of care, one satisfied and one did not respond. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

The summary report of the monthly patient satisfaction survey should reflect the number of participants in the survey.

Number of requirements	0	**Number of recommendations**	1

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

Ms Burns is the nominated individual with overall responsibility for the day to day management of the practice.

Mr Relf, registered person, undertook an unannounced monitoring visit to the practice on 9 January 2017, in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. The report of the visit was not available in the practice; however, this was emailed by Mr Relf to Ms Burns during the inspection. The monitoring report lacked quality and did not include any discussion with patients or staff other than Ms Burns. There was no evidence that progress in addressing the requirements and recommendations made during the previous inspection were reviewed or discussed. As previously discussed, issues identified, during the previous inspection, in relation to the ventilation in the decontamination room, radiology and induction had not been addressed. The inspector contacted Mr Relf by email on 1 June 2017 regarding this matter and a summary of Regulation 26 was provided to Mr Relf to provide assistance for further visits and reports. A recommendation was made that the registered person should ensure that the unannounced monitoring visit encompasses all aspects of Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. Reports of the six monthly unannounced monitoring visits should be available in the practice 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 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.

Ms Burns 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.

Ms Burns demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. The Statement of Purpose and Patient's Guide were observed to be up to date and in accordance with legislation.
The RQIA certificate of registration was up to date and displayed appropriately.

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

Patient and staff views

The patient who submitted a questionnaire response indicated that they felt that the service is well managed and was very satisfied with this aspect of the service. The following comment was provided:

- "I have attended this dentist practice for many years, very happy with all service!!"

All submitted staff questionnaire responses indicated that they felt that the service is well led. Two staff indicated they were very satisfied with this aspect of care, one satisfied and one did not respond. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

The registered person should ensure that the unannounced monitoring visit encompasses all aspects of Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. Reports of the six monthly unannounced monitoring visits should be available in the practice for inspection.

Number of requirements	0	**Number of recommendations**	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Linda Burns, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager 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 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.

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 DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's web portal for assessment 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 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 with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 18 (2) **Stated:** First time **To be completed by:** 25 June 2017	The registered provider must ensure that formal written induction programmes are developed for staff relevant to their roles. Copies of completed induction records should be retained.
	Response by registered provider detailing the actions taken:
Requirement 2 **Ref:** Regulation 25 (2) (b) **Stated:** First time **To be completed by:** 25 June 2017	The registered provider must ensure, In the interest of health and safety of staff, that the ventilation system in the decontamination room is reviewed to provide a more comfortable environment for staff to work in.
	Response by registered provider detailing the actions taken:
Requirement 3 **Ref:** Regulation 15 (2) **Stated:** First time **To be completed by:** 6 July 2017	The registered provider must ensure that the following issues in relation to radiology and radiation protection are addressed: • a radiation protection advisor (RPA) report must be obtained and any recommendations made by the RPA addressed • all relevant staff should be authorised by a radiation protection supervisor (RPS) for their relevant duties • the Oasis Dental Care Clinical Governance Manual should be further developed to include reference to the Ionising Radiation Regulations (IRR) 2000 (Northern Ireland) and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 (Northern Ireland) legislation
	Response by registered provider detailing the actions taken:
Requirement 4 **Ref:** Regulation 15 (2) **Stated:** First time **To be completed by:** 25 July 2017	The registered provider must ensure that pressure vessels are inspected under the written scheme of examination of pressure vessels and records retained.
	Response by registered provider detailing the actions taken:
Recommendations	

Recommendation 1 **Ref**: Standard 14.5 **Stated:** First time **To be completed by:** 25 July 2017	The registered provider should develop a written security policy for the management of prescription pads/forms to reduce the risk of prescription theft and misuse.
	Response by registered provider detailing the actions taken:
Recommendation 2 **Ref**: Standard 9.4 **Stated:** Second time **To be completed by:** 25 July 2017	The registered provider should ensure the summary report of the monthly patient satisfaction survey reflects the number of participants in the survey.
	Response by registered provider detailing the actions taken:
Recommendation 3 **Ref**: Standard 11.8 **Stated:** First time **To be completed by:** 25 June 2017	The registered person should ensure that the unannounced monitoring visit encompasses all aspects of Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. Reports of the six monthly unannounced monitoring visits should be available in the practice for inspection.
	Response by registered provider detailing the actions taken:

A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

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