

## **Announced Care Inspection Report 20 March 2017**



### **Townsend and Duignan Dental Practice (also known as Oldpark Dental Care)**

**Type of service: Independent Hospital (IH) – Dental Treatment**

**Address: 462 Oldpark Road, Belfast, BT14 6QG**

**Tel no: 028 9074 3800**

**Inspector: Stephen O'Connor**

## 1.0 Summary

An announced inspection of Townsend and Duignan Dental Practice took place on 20 March 2017 from 09:50 to 13:00.

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 Mr Townsend, registered person, 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. Two recommendations made during the previous care inspection in relation to staff personnel files and contracts/agreements of employment have either been not met or partially met, these have been stated for the second time. An additional two recommendations have been made during this inspection, one in regards to reintroducing annual staff appraisals and one in relation to undertaking x-ray audits in keeping with best practice guidance.

### Is care effective?

Observations made, review of documentation and discussion with Mr Townsend 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. A recommendation has been made that routine staff meetings to discuss clinical and practice management issues are reintroduced.

### Is care compassionate?

Observations made, review of documentation and discussion with Mr Townsend and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. A recommendation has been made that a report detailing the main findings of the completed patient satisfaction surveys is generated at least on an annual basis.

### Is the service well led?

Information gathered during the inspection evidenced that in the main 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. No requirements or recommendations have been made.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	6

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

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

### 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 25 August 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Michael Townsend Mr Patrick Duignan	<b>Registered manager:</b> Mr Michael Townsend (Acting)
<b>Person in charge of the practice at the time of inspection:</b> Mr Michael Townsend	<b>Date manager registered:</b> 10 May 2016
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

### 3.0 Methods/processes

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

During the inspection the inspector met with Mr Michael Townsend, registered person, an associate dentist and a dental nurse. A tour of some areas 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 25 August 2015

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

#### 4.2 Review of requirements and recommendations from the last care inspection dated 25 August 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref: Regulation 19 (2) Schedule 2</b>  <b>Stated: First time</b>	The registered persons must ensure that enhanced AccessNI checks are undertaken and received prior to the commencement of employment for any new staff recruited.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of submitted staffing information and discussion with Mr Townsend evidenced that two staff members have commenced employment in the practice since the previous inspection. Review of documentation evidenced that AccessNI enhanced disclosure checks had been undertaken and received prior to the identified staff members commencing employment.	



Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref: Standard 13</b> <b>Stated: Second time</b>	<p>Separate logbooks should be established for the DAC Universal and each steriliser.</p> <p>A daily automatic control test (ACT) should be undertaken and recorded for each machine.</p> <p>Logbooks should contain the following information:</p> <ul style="list-style-type: none"> <li>• details of the machine and location;</li> <li>• commissioning report;</li> <li>• daily/weekly test record sheets;</li> <li>• quarterly test record sheets ( as appropriate);</li> <li>• annual service/validation certification;</li> <li>• fault history;</li> <li>• record to show staff have been trained in correct use of the machine; and</li> <li>• relevant contacts e.g. service engineer.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was observed that separate logbooks are maintained for each machine used during the decontamination process. Review of the machine logbooks evidenced that all periodic tests are undertaken and recorded in keeping with best practice guidance.</p>	
<b>Recommendation 2</b>  <b>Ref: Standard 12.4</b> <b>Stated: First time</b>	<p>It is recommended that the availability of an automated external defibrillator (AED) should be reviewed. Mr Townsend and Mr Duignan should seek advice and guidance from their medico-legal advisor in this regard. Any recommendations made by the medico-legal advisor should be actioned.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>An AED was observed to be available in the practice, both adult and paediatric pads have been provided. It was confirmed that staff have been trained in the use of the AED.</p>	

<p><b>Recommendation 3</b></p> <p><b>Ref: Standard 11</b> <b>Stated: First time</b></p>	<p>It is recommended that information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited. In addition to the information currently retained this should include:</p> <ul style="list-style-type: none"> <li>• two written references;</li> <li>• a criminal conviction declaration by the applicant; and</li> <li>• a record detailing the topics discussed during induction.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> As discussed, two staff have commenced employment in this practice since the previous inspection. Mr Townsend confirmed that as the identified staff are self-employed staff personnel files had not been established. Mr Townsend was advised that irrespective of whether a staff member is employed directly by the practice or is self-employed the documentation outlined in schedule 2 should be sought and retained. Mr Townsend readily agreed to develop staff personnel files for self-employed staff.</p> <p>This recommendation has not been addressed and it has been stated for the second time.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref: Standard 11.1</b> <b>Stated: First time</b></p>	<p>It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement.</p> <p><b>Action taken as confirmed during the inspection:</b> Mr Townsend confirmed that all staff employed directly by the practice have a contract of employment. Mr Townsend also confirmed that in respect of self-employed staff he has sought model agreements, and a solicitor has been appointed to amend and localise the model agreements. Once these have been returned from the solicitor it is envisaged that they will be signed and retained.</p> <p>As compliance with this recommendation could not be evidenced during the inspection it has been stated for a second time.</p>	<p><b>Partially Met</b></p>

### 4.3 Is care safe?

#### Staffing

Three dental surgeries are in operation in this practice. Discussion with Mr Townsend and 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. As discussed two new staff have commenced work in this practice since the previous inspection, however records of induction had not been retained. The retention of induction records is included in a recommendation stated for the second time in regards to staff personnel files.

Mr Townsend confirmed that traditionally staff have had an annual appraisal. However, no appraisals have been completed since 2015. A recommendation has been made to reintroduce staff appraisals on an annual basis. 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

As discussed, review of the submitted staffing information and discussion with Mr Townsend confirmed that two staff have been recruited since the previous inspection. Mr Townsend confirmed that staff personnel files had not been established for the identified staff members. A recommendation stated for the second time has been made in this regard.

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

#### Safeguarding

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

Mr Townsend confirmed that training in safeguarding children and adults has been scheduled for the 10 April 2017. This training will be facilitated by an external organisation. Mr Townsend is aware that refresher training should be provided every two years in keeping with 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 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.

A discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

On the day following the inspection the following regional safeguarding documentation was forwarded to Mr Townsend by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- Adult protection gateway contact information

Mr Townsend readily agreed to update the practice safeguarding policies to ensure they fully reflect the regional guidance and share the updated policies with staff.

### **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. It was observed that the format of buccal Midazolam was not in keeping with the guidance issued by the Health and Social Care Board (HSCB). The expiry date of buccal Midazolam available was April 2017. Mr Townsend readily agreed to replace to buccal Midazolam with Buccolam pre-filled syringes in keeping with the HSCB guidance. 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 reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

### **Infection prevention control and decontamination procedures**

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. 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 who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including two washer disinfectors, a DAC Universal 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 during April and July 2016. 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 March 2017. Mr Townsend is aware that the IPS audit should be completed every six months.

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

## **Radiography**

The practice has three 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. 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 measures are taken to optimise dose exposure to include the use of rectangular collimation.

X-ray quality grading audits and justification and clinical evaluation recording audits were observed in the dedicated radiation protection file. However, these audits had not been completed within the timeframes outlined in best practice guidance. X-ray quality grading audits should be completed at least every six months and x-ray justification and clinical evaluation recording audits should be completed at least on an annual basis. A recommendation has been made to address this.

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 dated January 2015 demonstrated that the recommendations made have been addressed.

It was confirmed that the x-ray equipment had been service during 2015, Mr Townsend confirmed that this is in keeping with the manufacturer's instructions.

## 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 to include routine servicing of the air conditioning system, intruder alarm, gas heating boiler and firefighting equipment. Portable appliance testing (PAT) of electrical equipment is undertaken every two years and Mr Townsend confirmed that the arrangements are in place to inspect the fixed electrical wiring installations.

Mr Townsend confirmed that arrangements are in place to review the fire and legionella risk assessments annually. Templates have recently been developed to record sentinel water temperatures and Mr Townsend confirmed that water temperatures will be monitored and recorded.

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

## Patient and staff views

Fifteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- 'Feel very safe'
- 'Staff always make me feel comfortable and protected from harm'
- 'Excellent'

Eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

## Areas for improvement

Staff personnel files to include self-employed staff must contain all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, including confirmation of induction.

All staff who work in the practice, including self-employed staff should be provided with a contract of employment/agreement.

The formal system for appraising staff performance at least on an annual basis should be reintroduced.

Ensure x-ray quality grading audits and justification and evaluation recording audits should be completed on a six monthly and annual basis respectively.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	4
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#### 4.4 Is care effective?

##### Clinical records

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

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and 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.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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

##### Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Mr Townsend and the associate dentist confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of resources to include information leaflets, models and an electronic education programme, an intra-oral camera are available for use during discussions about oral health and hygiene. Samples of toothpaste and mouthwash are freely distributed.

##### Audits

There were some arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals to include the IPS HTM 01-05 compliance audit.

As discussed a recommendation has been made in regards to x-ray audits.

##### Communication

Mr Townsend and 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.

It was confirmed that staff meetings to discuss clinical and practice management issues have not been held. Mr Townsend confirmed that he intends to reintroduce routine staff meetings. A recommendation has been made in this regard.

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

### Patient and staff views

All 15 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

All eight submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### Areas for improvement

Staff meetings should be reintroduced; held on a regular basis and minutes retained.

Number of requirements	0	Number of recommendations	1
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### 4.5 Is care compassionate?

#### Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. 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 has template patient satisfaction surveys available. Mr Townsend confirmed that the most recent patient satisfaction report was generated during 2015. Mr Townsend was advised that a report detailing the main findings of the completed patient satisfaction surveys should be generated at least on an annual basis and that patient feedback whether constructive or critical, should be used by the practice to improve, as appropriate. A recommendation has been made 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 15 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was included in a questionnaire response:

- 'I have always been kept in the picture when any change is taking place. Always treated politely and with consideration on every visit'

All eight 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. Staff spoken with during the inspection concurred with this. The following comment was included in a questionnaire response:

- "Staff are very good"

## Areas for improvement

A report detailing the main findings of the patient satisfaction surveys should be generated at least on an annual basis.

Number of requirements	0	Number of recommendations	1
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## 4.6 Is the service well led?

### Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Mr Townsend is the nominated individual with overall responsibility for the day to day management of the practice. Mr Duignan, registered person is on a period of absence for an unspecified period of time and RQIA have been notified of this.

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 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.



Mr Townsend confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Townsend, registered person, demonstrated a clear understanding of his role and responsibility in accordance with legislation. 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.

### Patient and staff views

All 15 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- 'Very efficient well run practice. Dentist XXXX very compassionate and skilled'
- 'There have been a couple of changes recently and I have always been made aware and staff have always kept my needs to the fore'
- 'Very well'

All eight submitted staff questionnaire responses indicated that they felt that the service is well led. 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
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Michael Townsend, registered person, 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 [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) 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

### Recommendations

#### Recommendation 1

Ref: Standard 11

Stated: Second time

To be completed by:  
20 May 2017

It is recommended that information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited. In addition to the information currently retained this should include:

- two written references;
- a criminal conviction declaration by the applicant; and
- a record detailing the topics discussed during induction.

**Response by registered provider detailing the actions taken:**

*Already implemented files opened a store for all staff in*

#### Recommendation 2

Ref: Standard 11.1

Stated: Second time

To be completed by:  
20 May 2017

It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract of employment/agreement.

**Response by registered provider detailing the actions taken:**

*Contract in later stages of completion for self employed dentist in form of agreement with solicitor at present*

#### Recommendation 3

Ref: Standard 11

Stated: First time

To be completed by:  
20 June 2017

The system for appraising staff performance on an annual basis should be reintroduced.

**Response by registered provider detailing the actions taken:**

*Written appraisals completed and interviews start soon*

#### Recommendation 4

Ref: Standard 8.3

Stated: First time

To be completed by:  
20 May 2017

Ensure x-ray quality grading audits and justification and clinical evaluation recording audits are completed on a six monthly and annual basis respectively.

**Response by registered provider detailing the actions taken:**

*Already done and next quality will be Nov 2017*



<b>Recommendation 5</b> <b>Ref: Standard 11.6</b> <b>Stated: First time</b> <b>To be completed by:</b> 20 May 2017	<p>Routine staff meetings to discuss clinical and practice management issues should be reintroduced. Minutes of staff meetings should be retained and shared with any staff who were unable to attend.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Date set early June. Checked by member of team not owner</p>
<b>Recommendation 6</b> <b>Ref: Standard 9.4</b> <b>Stated: First time</b> <b>To be completed by:</b> 20 May 2017	<p>A robust system should be established to ensure that patient satisfaction surveys about the quality of treatment and other services provided are distributed to patients. A summary report detailing the main findings of the completed patient satisfaction surveys should be generated at least on an annual basis.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Started written surveys as soon as practice inspection over. Will have conclusion soon</p>

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**

*M. J. [Signature]*  
11/5/17.



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