

Announced Care Inspection Report 10 November 2017



Whiteabbey Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment

Address: 138 Doagh Road, Newtownabbey BT37 9QR

Tel No: 028 9086 2726

Inspector: Carmel McKeegan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with four registered places providing general dental care and treatment.

3.0 Service details

Organisation/Registered Provider: Mr Kevin McVeigh	Registered Manager: Mr Kevin McVeigh
Person in charge at the time of inspection: Mr Kevin McVeigh	Date manager registered: 20 February 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

4.0 Inspection summary

An announced inspection took place on 10 November 2017 from 11.00 to 13.30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, safeguarding, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

One area of improvement was identified against the regulations to ensure that all required recruitment records are retained for any new staff members on commencing work. One area of improvement was made against the standards to ensure a record of induction is completed for all new staff members.

Patients who submitted questionnaire responses indicated that they were very satisfied or satisfied with the care and services provided.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Kevin McVeigh, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 7 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 December 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 Mr McVeigh, two dental nurses and a trainee dental nurse. A tour of the premises was also undertaken.

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

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination
- radiography

- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspections dated 7 December 2016

The most recent inspections of the establishment were announced pre-registration care and estates inspections which were both undertaken on 7 December 2016. The completed QIP for the pre-registration care inspection was approved by the care inspector. The completed QIP for the pre-registration estates inspection was returned and approved by the estates inspector. Following this, on receipt of outstanding information required in relation to estates issues, registration was approved.

6.2 Review of areas for improvement from the last care inspection dated 7 December 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
<p>Area for improvement 1</p> <p>Ref: Standard 1</p> <p>Stated: First time</p>	<p>The statement of purpose (SOP) should be further developed to include the following as outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005:</p> <ul style="list-style-type: none"> • arrangements made for consultation with patients about the operation of the establishment and • the arrangements in the event of a patient being dissatisfied with the outcome of a complaints investigation <p>The revised copy of the SOP should be submitted to RQIA upon return of the QIP.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Review of the statement of purpose evidenced that it fully reflected Regulation 7 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>	
<p>Area for improvement 2 Ref: Standard 1 Stated: First time</p>	<p>The patient guide should be further developed to fully reflect the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>The revised copy should be submitted to RQIA upon return of the QIP.</p> <p>Action taken as confirmed during the inspection: Review of the patient guide evidenced that it fully reflected Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>	Met
<p>Area for improvement 3 Ref: Standard 9 Stated: First time</p>	<p>The complaints policy and procedure should be further developed to reflect that patients who remain dissatisfied with the outcome of the complaints investigation in respect of NHS dental care and treatment can refer to the Northern Ireland Public Services Ombudsman only and in respect of private dental care and treatment, the Dental Complaints Service only.</p> <p>In addition the details of the Health and Social Care Board (HSCB) and the General Dental Council (GDC) should be included as other agencies that may be utilised within the complaints investigation at local level. The details of RQIA should also be included as a body who take an oversight view of complaints management.</p> <p>The revised copy should be submitted to RQIA upon return of the QIP.</p> <p>Action taken as confirmed during the inspection: A copy of the complaints policy was provided to RQIA; review of the policy confirmed the policy had been updated as outlined above.</p>	Met

<p>Area for improvement 4</p> <p>Ref: Standard 15</p> <p>Stated: First time</p>	<p>The safeguarding children and adults at risk policy should be further developed in accordance with best practice guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: It was confirmed that the above policy had been updated in accordance with best practice guidance.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The recruitment and selection policy should be further developed in accordance with Schedule 2 of The Independent Health Care Regulations (2005) to include the following;</p> <ul style="list-style-type: none"> • positive proof of identity, including a recent photograph • evidence that an enhanced AccessNI check was received prior to commencement of employment • two written references • an employment history including gaps in employment • documentary evidence of qualifications, where applicable • evidence of current GDC registration, where applicable • confirmation that the person is physically and mentally fit to fulfil their duties and • evidence of professional indemnity insurance, where applicable <hr/> <p>Action taken as confirmed during the inspection: It was confirmed that the recruitment policy had been further developed and included all of the areas outlined above.</p>	Met
<p>Area for improvement 6</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The practice should audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool on a six monthly basis.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records confirmed the IPS audit tool had been completed on 10 January 2017 and 10 July 2017.</p>	Met

Area for improvement 7 Ref: Standard 13 Stated: First time	Provide colour coded cleaning equipment and implement a detailed cleaning schedule, in accordance with The National Patient Safety Agency cleanliness guidelines.	Met
	Action taken as confirmed during the inspection: Colour coded cleaning equipment was provided, discussion with staff confirmed they were aware of the National Patient Safety Agency cleanliness guidelines.	
Area for improvement 8 Ref: Standard 8.3 Stated: First time	Establish service arrangements for each x-ray machine in accordance with respective manufacturer's instructions. The arrangements should be confirmed to RQIA upon return of the QIP.	Met
	Action taken as confirmed during the inspection: Mr McVeigh confirmed that an annual service arrangement for the x-ray machines has been established, which had been completed on 6 November 2017.	

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.

Discussion with Mr McVeigh confirmed that all new staff are provided with an induction, and a sample of induction programme templates were in place relevant to specific roles and responsibilities. Mr McVeigh confirmed that all new staff had completed a process of induction however a record of induction had not been completed for any of the four new staff members. An area of improvement against the standard has been made to address this area.

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.

A staff register was retained containing staff details including, name, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. Mr McVeigh readily agreed to further develop the staff register to include dates of birth and dates of leaving and is aware that the staff register is a live document and should be kept up-to-date.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr McVeigh confirmed that four staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that some of the relevant documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 was not provided.

Discussion with Mr McVeigh confirmed that he was aware of the practice recruitment policy however a number of staff vacancies occurred simultaneously and this had been the first recruitment process for the practice since Mr McVeigh became the registered person. Mr McVeigh stated he prioritised gathering recruitment documentation and ensured an Access NI enhanced disclosure check was in place for each staff member prior to commencement of employment. An area of improvement against the regulations has been made to ensure the following information is retained for each new staff member:

- a criminal conviction declaration
- an employment history including gaps in employment
- confirmation that the person was physically and mentally fit to fulfil their duties
- two satisfactory references; one of which must be from the person's most recent employer

Further discussion took place regarding the handling of Access NI certificates. Mr McVeigh was advised that the AccessNI certificates should not be retained for any longer than warranted, and only up to six months from receipt of same. Mr McVeigh confirmed the following information would be retained in accordance with the AccessNI code of practice.

- staff name
- date the disclosure check was applied for
- date the disclosure check was issued
- the unique identification number
- the outcome of the assessment of the disclosure
- signature of the person assessing the disclosure

There was a recruitment policy and procedure available which was comprehensive and reflected best practice guidance. Mr McVeigh confirmed the practice recruitment policy and procedure will be followed for all future staff appointments.

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 the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

One overarching policy was 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.

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.

Following the inspection the following documentation was forwarded to the practice by email:

- 'Adult Safeguarding Operational Procedures' (September 2016)
- Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016)

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 discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF. Mr McVeigh has advised that he will ensure that Buccolam will be administered safely in the event of an emergency in keeping with the BNF.

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 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 disinfecter, 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. 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 on 10 January 2017 and 10 July 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 undertaken on 3 April 2015 demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained on 6 November 2017 in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. Documents reviewed included records in relation to the fire detection systems and fire-fighting equipment. Portable appliance testing (PAT) of electrical equipment has been undertaken and fixed electrical installations will be checked every three years.

A legionella risk assessment has been undertaken and water temperature are monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire safety 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 and the last pressure vessel examination was undertaken on 13 October 2017.

Inhalation sedation is provided as required for patients in accordance with their assessed need. Mr McVeigh confirmed that routine safety checks to the gas equipment and installation, including distribution pipework, is carried out on an annual basis by a suitably qualified and competent person and written confirmation of safety checks were maintained for inspection.

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

Patient and staff views

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

Six staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Four staff indicated that they were very satisfied with this aspect of care 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 to staff training, appraisal, safeguarding, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

Areas for improvement

A record of induction should be completed for any new staff member commencing work in the practice.

All recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained for all new staff.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Clinical records

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

Mr McVeigh and staff 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.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Discussion with staff and observations made evidenced that 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. It was confirmed that that oral health is actively promoted on an individual level with patients during their consultations. A range of information leaflets was available. Some oral health products are

available to purchase in the practice and free samples of products are distributed to patients. The practice has a website and Facebook page 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 records
- review of complaints/accidents/incidents

Communication

Mr McVeigh 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 quarterly 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 in house training sessions.

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

A breaking bad news policy in respect of dentistry was in place.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Two patients indicated that they were very satisfied with this aspect of care and four indicated they were satisfied. The following comment was provided in a submitted questionnaire response.

- 'Late evenings would be nice.'

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. Five staff indicated that they were very satisfied with this aspect of care and one 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 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 an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

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

Patient and staff views

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

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. Three staff indicated that they were very satisfied with this aspect of care and three 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 to maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance arrangements

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

Mr McVeigh is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed 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 displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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

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

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr McVeigh, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 2, as amended</p> <p>Stated: First time</p> <p>To be completed by: 10 January 2018</p>	<p>The registered person shall ensure that all recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained on commencement of employment.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 will be retained on commencement of employment for all new members of staff.</p>
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p> <p>To be completed by: 10 January 2018</p>	<p>The registered person shall ensure that a record of induction will be completed for any new staff member commencing work in the practice.</p> <p>A record of induction should be completed for the identified staff members.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A record of induction will be completed for any new staff members.</p> <p>A record of induction will be completed for the identified staff members.</p>

**Please ensure this document is completed in full and returned via Web Portal*



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