

Announced Care Inspection Report 31 August 2017



Williamson Orthodontics

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

Address: 521 Antrim Road, Belfast BT15 3BS

Tel No: 028 9077 1766

Inspector: Liz Colgan

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 orthodontic treatment to both private and NHS patients without sedation.

3.0 Service details

Organisation/Registered Provider: Oasis Dental Care Responsible Individual(s): David Andrew Relf	Registered Manager: Sharon McAllister
Person in charge at the time of inspection: Sharon McAllister	Date manager registered: 17 July 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

4.0 Inspection summary

An announced inspection took place on 31 August 2017 from 10.00 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 pre-registration inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to staff training and development, patient safety in respect of radiology, the environment, the range and quality of audits, health promotion and engagement to enhance the patients' experience.

Areas requiring improvement were identified such as ensuring all induction programmes are fully completed, repair or replacement of a dental chair and providing secure storage for patient records.

Patients said in the returned questionnaires that staff were welcoming; the surgery is clean and safe; care was good and treatment was effective; and the service is well managed.

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	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Sharon McAllister, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 15 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 15 July 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 six staff. 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 inspection dated 08 September 2016

The most recent inspection of the practice was an announced premises inspection.

The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 15 July 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (7) Stated: First time To be completed by: 29 July 2016	The registered person must review the layout of the equipment contained in the decontamination room and the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments in keeping with best practice as outlined in HTM 01-05.	Met
	Action taken as confirmed during the inspection: The layout of the equipment contained in the decontamination room and the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments was observed to be in keeping with best practice as outlined in HTM 01-05.	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 1 Stated: First time To be completed by: 15 August 2016	A patient guide that is reflective of the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005, should be available for patients and a copy submitted to RQIA upon return of the QIP.	Met
	Action taken as confirmed during the inspection: The patient guide was reviewed and is reflective of the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005, and is available for patients.	
Area for improvement 2 Ref: Standard 9 Stated: First time To be completed by: 15 August 2016	The complaints policy should be further developed to reflect that patients who remain dissatisfied with the outcome of the complaints investigation in respect of NHS can refer to the Northern Ireland Public Services Ombudsman.	Met
	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 at local level. The details of RQIA should also be included as a body who take an oversight view of complaints management. The revised copy should be submitted to RQIA upon return of the QIP.	
	Action taken as confirmed during the inspection: The complaints policy had been further developed to reflect that patients who remain dissatisfied with the outcome of the complaints investigation in respect of NHS treatment can refer to the Northern Ireland Public Services Ombudsman. Details of the Health and Social Care Board (HSCB) and the General Dental Council (GDC) were included as other agencies that may be utilised at local level. The details of RQIA had been included as a body who take an oversight view of complaints management.	

<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2016</p>	<p>The following policies and procedures should be further developed in accordance with legislative and best practice guidance:</p> <ul style="list-style-type: none"> • safeguarding adults and children • recruitment and selection • the management of medical emergencies 	Met
<p>Action taken as confirmed during the inspection:</p> <p>The following policies and procedures had been further developed in accordance with legislative and best practice guidance:</p> <ul style="list-style-type: none"> • safeguarding adults and children • recruitment and selection • the management of medical emergencies 		
<p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2016</p>	<p>The door between the decontamination room and the clinical area should be closed during the decontamination process.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>On the day of the inspection the door between the decontamination room and the clinical area was closed during the decontamination process.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2016</p>	<p>A ventilation system in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 to include extract ventilation on the 'dirty side' and make-up ventilation on the 'clean side' should be installed in the decontamination room.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A ventilation system in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 to include extract ventilation on the 'dirty side' and make-up ventilation on the 'clean side' had been installed in the decontamination room.</p>		

<p>Area for improvement 6</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2016</p>	<p>The following issues in relation to infection prevention and control should be addressed:</p> <ul style="list-style-type: none"> • Work surfaces and shelving in surgery one should remain uncluttered to allow for effective cleaning to take place. • Hand wash basins in the surgeries should be clearly identified. • The overflow in the stainless steel hand-washing basin in surgery two should be sealed using a stainless steel plate and anti-bacterial mastic. • Sharps containers should be available at the point of contact. • Arrangements should be established to ensure that keyboards in the surgeries are cleaned in keeping with best practice guidance. • The toilet areas should be decluttered and kept clean and disposable hand towels should be available for patient and staff use. 	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The following issues in relation to infection prevention and control had been addressed:</p> <ul style="list-style-type: none"> • Work surfaces and shelving in surgery one were uncluttered to allow for effective cleaning to take place. • Hand wash basins in the surgeries were clearly identified. • The overflow in the stainless steel hand-washing basin in surgery two had been sealed using a stainless steel plate and anti-bacterial mastic. • Sharps containers were available at the point of contact. • Arrangements had been established to ensure that keyboards in the surgeries are cleaned in keeping with best practice guidance. • The toilet areas had been decluttered and were clean and disposable hand towels were available for patient and staff use. 	

<p>Area for improvement 7</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2016</p>	<p>The following issues identified in relation to radiation protection should be addressed:</p> <ul style="list-style-type: none"> • The radiation protection file should include the details of the newly appointed Radiation Protection Advisor (RPA). • The file should contain one set of local rules. • A legible copy of the local rules should be on display near the x-ray equipment, laminated and easy to read. • A record to confirm that staff have read and understood the local rules should be retained. 	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The following issues identified in relation to radiation protection had been addressed:</p> <ul style="list-style-type: none"> • The radiation protection file included the details of the newly appointed Radiation Protection Advisor (RPA). • The file contained one set of local rules. • A legible copy of the local rules was on display near the x-ray equipment, laminated and was easy to read. • A record to confirm that staff have read and understood the local rules was retained. 	

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

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

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of two evidenced that induction programmes had been completed for one of these new staff when they joined the practice. An induction programme template was available for the manager; however, it had not been completed. This was identified as an area for improvement.

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 two evidenced that appraisals had been completed on an annual basis. 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 Mrs McAllister confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff 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. There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

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.

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.

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, and equipment were free from damage, dust and visible dirt. All dental chairs with the exception of the one in Surgery 2 were free from damage, dust and visible dirt. The foot rest on this chair was rusty and visibly soiled; the bottom of the chair at the floor was also rusted. This was identified as an area for improvement.

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 with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and steam steriliser 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 May 2017. A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

Radiography

The practice operates a poly clinic with three dental chairs and a separate surgery with one dental chair. The x-ray equipment in the practice is located in a self-contained x-ray room. The x-ray room accommodates an intra-oral x-ray machine and a panoramic and cephalometry machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audits.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions. Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a high standard of maintenance and décor. Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place. Arrangements are in place for maintaining the environment.

A legionella risk assessment was last undertaken in July 2016 and water temperatures are monitored and recorded as recommended. A fire risk assessment had been undertaken in May 2017 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. Pressure vessels had been inspected in July 2017 in line with the written scheme of examination.

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

Seventeen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Thirteen patients indicated they were very satisfied with this aspect of care and four indicated they were satisfied. Comments provided included the following:

- "I always find the staff here very welcoming, the hygiene is excellent."
- "Parents aren't allowed into the surgery after visit with children, so hard to say that everything I have seen was great."
- "Very pleased with the service provided."
- "Everything is always very clean and safe."

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

- “I feel that all points above are done well to ensure we care for the patients at the highest standard.”

Areas of good practice

There were examples of good practice found in relation to staff recruitment; training; appraisal; safeguarding; management of medical emergencies; infection prevention control and decontamination procedures; radiology and the environment.

Areas for improvement

Areas for improvement were identified in relation to ensuring that the manager’s induction programme is completed and to repair or replacement the dental chair in Surgery 2.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Clinical records

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

Mrs McAllister 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. Patient records are stored behind the reception in open shelving and clearly visible to all attending the clinic. Mrs McAllister and staff stated that the side door and reception doors which are glass paneled are locked at night. However, this system of open shelving could not always assure the safe management and patient confidentiality. This was identified as an area for improvement.

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 was a range of health promotion information leaflets available in the reception area. Mrs McAllister confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records
- handwashing
- environmental cleaning to commence

Communication

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

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

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

Patient and staff views

All of the 17 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Fourteen patients indicated they were very satisfied with this aspect of care and three indicated they were satisfied. Comments provided included the following:

- “Treatment proved more effective than initially thought.”
- “The care while a patient here is very satisfactory.”

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. All staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. One comment was provided in submitted questionnaire responses:

- “We always back our notes up by making written clinical notes along with notes on the computer system.”

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

An area for improvement was identified in relation to ensuring the safe storage of patient records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

Dignity, respect and involvement in decision making

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

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

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

The practice undertakes patient satisfaction surveys on a monthly basis and provides an annual report. 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 patient’s privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All of the 17 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Fourteen patients indicated they were very satisfied with this aspect of care and three indicated they were satisfied. One comment was provided in submitted questionnaire responses:

- “Yes I find the care here very good.”

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. Seven staff indicated they were very satisfied with this aspect of care and one did not complete this section.

Staff spoken with during the inspection concurred with this. One comment was provided in submitted questionnaire responses:

- “All information is treated as confidential.”

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.

Mrs McAllister is the nominated individual with overall responsibility for the day to day management of the practice. The registered provider monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits were available for inspection.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly 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 returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

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

communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner. A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mrs McAllister 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.

The registered provider/manager demonstrated a clear understanding of their 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 17 patients who submitted questionnaire responses indicated that they felt that the service is well led. Fifteen patients indicated they were very satisfied with this aspect of the service and two indicated they were satisfied. Comments provided included the following:

- "I find the service here at this orthodontist very well managed."
- "Any changes in appointment (one occasion) are advised at an early stage."
- "I feel the dentist is run well and explain everything well."

Eight submitted staff questionnaire responses indicated that they felt that the service is well led. Seven staff indicated they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. One indicated that they felt the service was well led, but indicated they were very unsatisfied with this aspect of the service. One comment was provided in submitted questionnaire responses:

- "Our practice manager is very approachable, I feel I could go and speak with her work related or personally. If I am ever unsure of any polices, I can access them easily."

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 Mrs McAllister registered manager, 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.

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

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 11.3 Stated: First time To be completed by: 30 September 2017	<p>The registered person shall ensure that the registered manager's induction programme is completed and a record retained for inspection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Completed induction checklist held in practice managers file.</p>
Area for improvement 2 Ref: Standard 14.4 Stated: First time To be completed by: 30 September 2017	<p>The registered person shall repair or replace the dental chair in Surgery two.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Dental chair in surgery two has been repaired.</p>
Area for improvement 3 Ref: Standard 10.2 Stated: First time To be completed by: 30 September 2017	<p>The registered person shall ensure that patient records are stored safely and securely.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Order for shutter has been placed and will be fitted during October 2017, to secure patient files.</p>

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

*



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews