

# Announced Care Inspection Report 12 September 2017



## Maine Dental Practice

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

**Address: 14b Old Mill Park, Cullybackey BT42 1GP**

**Tel No: 028 2588 0500**

**Inspectors: Carmel McKeegan and Bridghin McFalone**

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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.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Maine Dental Practice  <b>Responsible Individuals:</b> Mr Niall Johnston Mr Jonathon McKeown Mr Mark Connaughty	<b>Registered Manager:</b> Mr Niall Johnston
<b>Person in charge at the time of inspection:</b> Mr Niall Johnston	<b>Date manager registered:</b> 3 February 2016
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

### 4.0 Inspection summary

An announced inspection took place on 12 September 2017 from 10.00 to 14.10.

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, recruitment, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Three areas of improvement were identified against the regulations: to establish and maintain a staff register; to meet best practice regarding the validation and recording of periodic checks for a temporary steriliser; and to address the issues identified in the decontamination room.

Four areas of improvement were made against the standards to ensure the safeguarding lead for the practice undertakes formal Level 2 training in safeguarding adults and children at risk of harm; to maintain emergency equipment in a condition that enables immediate use of the equipment; to ensure disposable plastic aprons are stored and worn in keeping with best practice guidance; and to further develop the practice cleaning procedures and schedules, with records maintained.

Patients who submitted questionnaire responses indicated that they were very 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
<b>Total number of areas for improvement</b>	3	4

Details of the Quality Improvement Plan (QIP) were discussed with Mr Niall Johnston, 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 24 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 January 2017.

#### 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 inspectors met briefly with Mr Mark Connaughty, registered person, and his allocated dental nurse, who were treating patients. Mr Jonathan McKeown, registered

person, was also treating patients and did not have the opportunity to meet with the inspectors. Mr Niall Johnston, registered person/manager, and another dental nurse facilitated the inspection. 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 24 January 2017**

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

## 6.2 Review of areas for improvement from the last care inspection dated 24 January 2017

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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) schedule 2 (as amended)  <b>Stated:</b> First time	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to the commencement of employment of any new staff, including self-employed staff.</p> <p>RQIA should be notified upon receipt of the outstanding AccessNI check in relation to the identified staff member.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the submitted staffing information and discussion with Mr Johnston confirmed that one new staff member had been recruited since the previous inspection. Records provided verified that the enhanced AccessNI was received in the practice prior to the new staff member commencing employment.</p>	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time	<p>All relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for all new staff members.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>As previously stated one new staff member had been recruited since the previous inspection. Review of this staff member's recruitment records confirmed that all relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 15.3 <b>Stated:</b> First time	The safeguarding children and adults policy should be reviewed and updated to reflect the new regional guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that the safeguarding children and adults policy had been further developed to reflect the new regional guidance.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time	The expired adult pads for the AED should be replaced and both the adult and paediatric AED pads should be included in the monthly checking system of emergency equipment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The adult pads had been replaced on the AED and it was confirmed that the adult and paediatric AED pads were included in the monthly checking procedures of the emergency equipment.	

### 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 one evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

## **Recruitment and selection**

As previously stated, review of the submitted staffing information and discussion with Mr Johnston confirmed that one new staff member had been recruited since the previous inspection. A review of the staff member's personnel file 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.

It was observed that the AccessNI certificate for the new staff member was retained; Mr Johnston confirmed he was aware that the certificate should not be retained for longer than necessary and stated the certificate would be returned to the respective staff member that day.

A process to record AccessNI enhanced checks should be implemented which provides the date the AccessNI enhanced check was applied for, the date the AccessNI certificate was received in the practice, the applicant's unique identification number and the outcome. Mr Johnston confirmed a template would be developed and implemented later that day.

It was identified that a staff register had not yet been developed; Mr Johnson was advised that the staff register should contain staff details including, name; date of birth; position; dates of employment i.e. start date and end date; and details of professional qualifications and professional registration with the GDC, where applicable. The staff register is considered a live document and should be kept up to date. An area of improvement against the regulations 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 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 had not yet completed formal Level 2 training in safeguarding adults and children in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). An area of improvement against the standards was made in this regard.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance document

entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

### **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. However, on examination of the emergency equipment, it was identified that the oxygen mask and tubing, which should be ready for use was heavily entangled with the other emergency equipment stored within the portable oxygen carrier bag. Time was taken to unravel the tubing from the other equipment which in an emergency situation would have caused a delay in the provision of oxygen. An area of improvement has been made against the standards to ensure emergency equipment is ready for immediate use in the event of a medical emergency.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and an identified individual with responsibility for checking emergency medicines and equipment. Mr Johnston was advised to review the checking arrangements to ensure that all emergency equipment was ready for immediate use.

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 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.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including a washer disinfector and a steam steriliser has been provided to meet the practice requirements. Mr Johnson stated that the steam steriliser had been faulting and was not in use. A temporary steriliser had been provided by the supplier and was being used in the decontamination process. It was confirmed that the temporary steriliser was on loan to the practice and had been in use for approximately a month.

A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated, with the exception of the temporary steriliser on loan from the supplier. Mr Johnston was advised that the temporary steriliser should have been

validated prior to being used in the decontamination process. An area of improvement against the regulations has been made in this regard.

A review of equipment logbooks for the washer disinfectant and the practice's steam steriliser evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. A fault history was also recorded in the respective logbooks. However, it was confirmed that periodic tests for the temporary steriliser were not being undertaken or recorded. This was discussed with Mr Johnston and an area of improvement against the regulations has been made in this regard.

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. However, it was identified that the disposable plastic aprons were not routinely worn during the decontamination process. Disposable aprons were available in the decontamination room and were kept in a cupboard in the clean area. In accordance with HTM 01-05, disposable aprons should be worn during all decontamination processes and disposed of as clinical waste. Also, in keeping with best practice, disposable plastic aprons should be provided with the other personal protective equipment in the dirty area of the decontamination room and stored according to the manufacturer's instructions. Consideration should be given to the provision of a wall mounted disposable apron dispenser. An area of improvement against the standards has been made to ensure disposable plastic aprons are stored in accordance with best practice guidance and worn during the decontamination process.

In accordance with HTM 01-05, the decontamination process should be carried out by ensuring that a dirty to clean process is maintained. The position of the of the illuminated magnifier for inspecting instruments following processing in the washer disinfectant, was discussed with Mr Johnston as the illuminated magnifier needs to move in order to maintain a dirty to clean flow. The layout of the decontamination room was discussed, and advice and guidance was provided on how to provide a dedicated clean area for inspection of dental instruments following processing in the washer disinfectant. It was also noted that the work surface in the 'clean' area of the decontamination room was cracked in two areas. The work surface should be repaired or replaced in order to provide an intact surface that can be effectively cleaned. An area of improvement against the regulations has been made to address these areas.

It was also observed that an area of cabinetry underneath the bench top washer disinfectant was in need of painting and general tidying up in order to provide intact cleanable surfaces. Mr Johnston confirmed he was aware of this area and stated this would be addressed as soon as the engineers resolved the issues with the steriliser.

Mr Johnston is the nominated lead with responsibility for infection control and decontamination.

It was confirmed that the practice continues to audit compliance with HTM 01-05 on a six monthly basis using the Infection Prevention Society (IPS) audit tool.

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

## **Radiography**

The practice has four surgeries, three of which have 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 all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

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 on 27 April 2015 demonstrated that the recommendations made have been addressed. In addition a critical examination had been undertaken on 18 August 2017 for a new intra-oral x-ray machine installed in surgery two; the RPA report was available and confirmed that any recommendations had 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 good standard of maintenance and décor.

It was confirmed that arrangements were in place for the environmental cleaning of the dental practice that included cleaning being undertaken out of hours. Discussion with Mr Johnston identified that cleaning schedules were in need of further development to include the national patient safety colour coded cleaning system. Some colour coded equipment was provided but it could not be established what equipment was used where. A record of cleaning should be retained to evidence that cleaning has been completed in accordance with best practice guidance. Advice and guidance was provided and 'The national specification for cleanliness in the NHS: Guidance on setting and measuring performance outcomes in primary care medical and dental premises' was emailed to Mr Johnston following the inspection. An area of improvement against the standards was made in this regard.

Arrangements were in place for maintaining the environment. A 'Health and Safety' file was retained in the practice, which all staff members had signed and dated to verify that they had read this file. An external health and safety consultant had completed a general health and safety risk assessment of the practice on 25 October 2016, and recommendations made therein were recorded as having been addressed. This risk assessment included a review of the legionella and fire risk assessments and also contained a planned schedule for review of routine checks within the dental practice and included the visual six monthly portable appliance checks

and monthly water temperature checks. Mr Johnston stated that the health and safety consultant completes this risk assessment annually and will visit the practice in October 2017.

As previously stated, a legionella risk assessment has been undertaken and water temperature is monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

Review of records confirmed the pressure vessels in the practice had been inspected in keeping 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**

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

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and indicated they were very satisfied with this aspect of care. 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 recruitment, induction, training, appraisal, safeguarding, and radiology.

### **Areas for improvement**

A staff register should be provided as outlined in The Independent Health Care Regulations (Northern Ireland) 2005.

The safeguarding lead for the practice should complete Level 2 training in safeguarding adults and children at risk of harm.

Emergency equipment should be stored in a condition which enables immediate use in the event of a medical emergency.

The temporary steriliser, on loan to the practice, should be validated, with a certificate of validation retained; and a written record should be maintained of the relevant periodic checks required for this machine.

The illuminated magnifier should be relocated in the decontamination room to maintain a dirty to clean flow and provide a dedicated clean area for inspection of dental instruments following processing in the washer disinfectant.

The damaged work surface in the clean area in the decontamination room should be repaired or replaced.

Chipped paintwork and cabinetry in the decontamination room should be made good to provide intact surfaces that can be effectively cleaned.

Disposable plastic aprons should be stored in accordance with best practice guidance and worn during the decontamination process.

Colour coded cleaning equipment should be provided in accordance with best practice guidance.

Detailed cleaning schedules should be developed with a signed record of cleaning undertaken maintained.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	4

**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.

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.

Electronic records are maintained and 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. Clinical staff confirmed that oral health is actively promoted on an individual basis during treatment sessions by all the dentists and the dental hygienist. A range of oral health promotion leaflets

was available at reception and the patients' waiting area. A range of oral healthcare products were also available to purchase.

**Audits**

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical waste management
- an annual health and safety audit of the practice

**Communication**

Mr Johnston and staff 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 quarterly 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.

**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. All three patients indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses

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. All five staff indicated they were very satisfied with this aspect of care. 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
<b>Total number of areas for improvement</b>	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 patient's privacy, dignity and providing compassionate care and treatment.

### Patient and staff views

All three patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care; and also indicated they were very satisfied with this aspect of care. The following comment was included in a submitted questionnaire response:

- 'Excellent care'.

All five 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. All staff indicated they were very satisfied with this aspect of care. 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
<b>Total number of areas for improvement</b>	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 whom to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There was 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 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 not displayed in the practice. Mr Johnston confirmed the complaints procedure would be added to the patient notification board in the patient waiting area immediately following the inspection. Mr Johnston and 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.

Mr Johnston and staff 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 whom to contact if they had a concern.

Mr Johnston, registered person/manager, demonstrated a clear understanding of his role and responsibility in accordance with legislation. 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 and also indicated they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that the service is well led and 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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 Niall Johnston, 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.

## Quality Improvement Plan

### Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21 (3) Part II of Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 October 2017</p>	<p>The registered persons shall ensure a staff register is provided and should contain the following staff details:</p> <ul style="list-style-type: none"> <li>• name and date of birth</li> <li>• detail of position within the practice</li> <li>• dates of employment (start and end dates)</li> <li>• details of professional qualifications and registration with professional body, where applicable</li> </ul> <p>The staff register is a live document and should be kept up to date.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> A staff register has been formed and will be kept updated.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 October 2017</p>	<p>The registered persons shall ensure that the temporary steriliser, on loan to the practice, is validated with a certificate of validation retained.</p> <p>A written record should also be maintained of the relevant periodic checks required for this machine.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The temporary steriliser has been confirmed as validated by the supplier and a validation certificate has been requested. A logbook of periodic checks is now in place.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 December 2017</p>	<p>The registered persons shall ensure the following areas identified in the decontamination room are addressed:</p> <ul style="list-style-type: none"> <li>• The illuminated magnifier should be relocated to maintain a dirty to clean flow and provide a dedicated clean area for inspection of dental instruments following processing in the washer disinfection.</li> <li>• The damaged work surface in the clean area in the decontamination room should be repaired or replaced.</li> <li>• Chipped paintwork and cabinetry should be made good to provide intact surfaces that can be effectively cleaned.</li> </ul> <p>Ref: 6.4</p>

	<p><b>Response by registered person detailing the actions taken:</b> Our dental supplier has been consulted in regard to undertaking the work required.</p>
<p><b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b></p>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To be completed by: 12 December 2017</p>	<p>The registered persons shall ensure that the designated safeguarding lead completes Level 2: Awareness Raising, Recognising and Responding training, in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Jonathon McKeown, the safeguarding lead, has confirmed that he will apply for the next available Level 2 course.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 12 September 2017</p>	<p>The registered persons shall ensure that the emergency equipment is maintained in a condition which enables immediate use in the event of a medical emergency.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Completed</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 12 September 2017</p>	<p>The registered persons shall ensure that disposable plastic aprons are stored in accordance with best practice guidance and worn during the decontamination process.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Completed</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons shall ensure that colour coded cleaning equipment should be provided in accordance with best practice guidance.</p> <p>Detailed cleaning schedules should be developed with a signed record of cleaning undertaken maintained.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Completed</p>

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



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