

Announced Care Inspection Report 07 August 2017



Gentle Touch Dental Studio

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

Address: 11 The Diamond Centre, Magherafelt, BT45 6ED

Tel No: 028 7963 2495

Inspector: Norma Munn

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 three registered places.

3.0 Service details

Organisation/Registered Provider: Mr Robert Craig and Mr Christopher Gocher	Registered Manager: Mr Robert Craig
Person in charge at the time of inspection: Mr Craig and Mr Gocher	Date manager registered: 29 February 2012

Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3
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4.0 Inspection summary

An announced inspection took place on 07 August 2017 from 10:55 to 13.55.

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, safeguarding, the management of medical emergencies, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

One area requiring improvement was identified against the standards in relation to the decontamination of dental instruments.

All of the patients who submitted questionnaire responses indicated that they were either 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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Vicki Kane, implant care coordinator, 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 11 August 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 August 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 Gocher, registered person, Ms Kane, implant care coordinator, the practice manager and three dental nurses. 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 Ms Kane, implant care coordinator at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 August 2016

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 11 August 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(6) Stated: First time	The registered person must ensure that the buccal Midazolam medicine which has expired has been removed and replaced as a matter of urgency with Buccolam pre filled syringes in various doses suitable for administration to an adult and child.	Met
	Action taken as confirmed during the inspection: A review of the provision of emergency medicines and discussion with Ms Kane confirmed that that the expired buccal Midazolam had been removed and replaced with Buccolam pre filled syringes. On the day of the inspection a discussion took place in regards to the procedure for the safe administration of Buccolam pre-filled syringes and Mr Gocher and Ms Kane confirmed that the practice would be increasing the stock of Buccolam to ensure the various doses were available. Following the inspection RQIA received confirmation that the stock of Buccolam had been increased accordingly to ensure that there were various doses available suitable for administration to an adult and child.	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 15.3 Stated: First time	Refresher training in safeguarding adults at risk of harm and safeguarding children should be provided as outlined in the Minimum Standards for Dental Care and Treatment (2011).	Met
	Action taken as confirmed during the inspection: A review of training records and discussion with Ms Kane confirmed that all staff had attended training in safeguarding adults and children on 30 March 2017.	
Area for improvement 2 Ref: Standard 15 Stated: First time	The policy for safeguarding adults and children should be developed in line with current legislation and best practice guidance.	Met
	Action taken as confirmed during the inspection: A review of the safeguarding policies for adults and children and discussion with Ms Kane confirmed that the policies had been reviewed in accordance with regional policy and best practice guidance.	
Area for improvement 3 Ref: Standard 12.4 Stated: First time	More robust arrangements should be implemented to ensure that emergency medicines do not exceed their expiry dates.	Met
	Action taken as confirmed during the inspection: A review of documentation and discussion with Ms Kane confirmed that robust arrangements have been implemented to ensure that emergency medicines do not exceed their expiry dates.	
Area for improvement 4 Ref: Standard 13 Stated: First time	Review the flow in the decontamination room, to ensure a dirty to clean flow is maintained in keeping with best practice as outlined in HTM 01-05.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of the layout of equipment in the decontamination room confirmed that a dirty to clean flow is maintained in keeping with best practice as	

	outlined in Health Technical Memorandum (HTM) 01-05.	
Area for improvement 5 Ref: Standard 13 Stated: First time	Review of the facilities for hand washing in the decontamination room in keeping with HTM 01-05. Consideration should be given to the provision of a dedicated hand washing basin.	Met
	Action taken as confirmed during the inspection: A dedicated hand wash basin was not available in the decontamination room. However, discussion with staff confirmed that the hand wash basins provided in the surgeries linked to the decontamination room are used for hand washing prior to staff entering the decontamination room. Ms Kane confirmed that consideration will be given to the provision of a dedicated hand washing basin in the decontamination room in the future.	
Area for improvement 6 Ref: Standard 9 Stated: First time	Patient satisfaction surveys should be completed and a report compiled on an annual basis to demonstrate that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided.	Met
	Action taken as confirmed during the inspection: A review of documentation and discussion with Ms Kane confirmed that patient satisfaction surveys have been completed and a report compiled during June 2017. Ms Kane confirmed that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided.	
Area for improvement 7 Ref: Standard 8 Stated: First time	Establish a system to ensure that the date of implementation and planned date of review is recorded on policies and procedures.	Met
	Action taken as confirmed during the inspection: A review of policies and procedures and discussion with Ms Kane confirmed that the date of implementation and the review date had been recorded on the policies reviewed.	

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

Three 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.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within 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

A review of the submitted staffing information and discussion with Mr Gocher and Ms Kane confirmed that no new staff had been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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.

As discussed, a 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).

Policies and procedures were in place for the safeguarding and protection of adults and children. These policies had been reviewed since the previous inspection and 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.

Copies of the regional policy 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016), the regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and the 'Adult Safeguarding Operational Procedures' (September 2016) were emailed to the practice following the inspection. Ms Kane agreed to ensure that these documents are made 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). As discussed previously, a discussion took place in regards to the procedure for the safe administration of Buccolam pre-filled syringes and Mr Gocher and Ms Kane confirmed that the practice would be increasing the stock of Buccolam to ensure the various doses for adults and children were available. Following the inspection RQIA received confirmation that the stock of Buccolam had been increased accordingly. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an automated external defibrillator (AED). Ms Kane confirmed that the practice does have access to an AED. Staff confirmed that the AED could be accessed in a timely manner and the practice has incorporated the use of this AED within their emergency procedures. 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 generally tidy and uncluttered and work surfaces were intact and easy to clean. It was advised that the flooring and work tops in one of the surgeries should be decluttered and remain decluttered to allow for effective cleaning to take place. During the inspection this was actioned and assurances were given that the surgery would remain decluttered. Small gaps/holes were observed in the wall of the decontamination room where cupboards had been relocated. Ms Kane confirmed that these gaps/holes would be filled in and the area redecorated during the first week in September. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

There was a nominated lead 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 two steam sterilisers have been provided to meet the practice requirements. Following the inspection RQIA received a copy of the validation certificate for the decontamination equipment. A review of the documentation submitted 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.

Discussion with the dental nurse evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05, with the exception of the dental hand pieces which are manually cleaned prior to sterilisation. The processing of hand pieces was discussed with the dental nurse. Ms Kane was advised to refer to the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015 which was issued to all dental practices by the DHSSPS. An area for improvement has been made against the standards to review the procedure for the decontamination of dental hand pieces.

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 April 2017.

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

Radiography

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is a cone beam computed tomography (CBCT) machine which is located in a separate room.

Two dedicated radiation protection files containing the relevant local rules, employer's procedures and other additional information was retained. A review of the files 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 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 good standard of maintenance and décor. As discussed the small gaps in the wall in the decontamination room where cupboards had been relocated will be made good during the first week in September.

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

Arrangements were in place for maintaining the environment that included the routine servicing and maintenance of the fire detection system and firefighting equipment.

A fire risk assessment had been completed and reviewed on an annual basis. Fire safety awareness training has been undertaken, fire drills are carried out and staff demonstrated that they were aware of the action to take in the event of a fire.

It was confirmed that the legionella risk assessment had been completed and arrangements were in place to review this on an annual basis. Water temperatures are monitored and recorded.

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

It was confirmed that robust arrangements are in place for the management of prescription pads/forms. A written security policy was developed on the day of the inspection to reduce the risk of prescription theft and misuse.

Patient and staff views

Twenty 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.

Eight 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, the management of medical emergencies, radiology and the environment.

Areas for improvement

The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible dental handpieces should be processed in the washer disinfectant.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

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. 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 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. A range of health promotion information leaflets was available in the reception area. Patients can be referred to the hygienist service within the practice if required. Staff 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
- review of complaints/accidents/incidents

Communication

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

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal 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 20 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All of the patients indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

All eight submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them 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 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 ensures that patients understand 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. As discussed a 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 20 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All of the patients indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

All eight submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care 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 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 Robert Craig, registered manager is the nominated individual with overall responsibility for the day to day management of the practice. Ms Kane, who is also involved in the day to day management of the practice, facilitated the inspection as Mr Craig and Mr Gocher were treating patients during the inspection.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a 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 available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

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

Ms Kane 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.

The registered persons demonstrated a clear understanding of their roles and responsibilities 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 20 patients who submitted questionnaire responses indicated that they felt that the service is well led. All of the patients indicated they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

All eight 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.

	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 Ms Kane, treatment implant coordinator 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 and 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 to Independent.Healthcare@rqia.org.uk 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 13.2 Stated: First time To be completed by: 14 August 2017	The registered person shall ensure that the procedure for the decontamination of dental handpieces is reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible dental handpieces should be processed in the washer disinfectant. Response by registered person detailing the actions taken: HAND PIECE ARE NOW BEING DECONTAMINATED IN KEEPING WITH THE MANUFACTURERS INSTRUCTIONS

Please ensure this document is completed in full and returned Independent.Healthcare@rqia.org.uk from the authorised email address



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