

Announced Care Inspection Report 26 September 2017



Bohill Curran Dental Care

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

Address: 9 - 11 St. Patricks Avenue, Downpatrick, BT30 6DW

Tel No: 028 44616588

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 John Bohill Mr James Curran	Registered Manager: Mr John Bohill
Person in charge at the time of inspection: Mr James Curran	Date manager registered: 18 September 2013

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 26 September 2017 from 14.00 to 17.00.

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, the management of medical emergencies, infection prevention and control and the environment. Other examples included health promotion and engagement to enhance the patients' experience.

During the inspection it was identified that two new staff had been recruited since the previous inspection. A review of the personnel files for these staff members demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 as amended had been sought and retained. A review of the records in respect of both staff members identified that an AccessNI enhanced disclosure check had been received for both staff. However, following the inspection it was established that the check certificate number retained in respect of one staff member was the same certificate number as that provided for the staff member for their employment in another dental practice. There was no evidence that a satisfactory AccessNI enhanced disclosure check had been undertaken and received in respect of their current employment. Areas of improvement under the regulations and standards had been made during previous care inspections in relation to the recruitment and selection of staff and RQIA were concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been compromised.

Following consultation with senior management in RQIA, a serious concerns meeting was held with Mr John Bohill and Mr James Curran, registered providers at RQIA on 09 October 2017. At this meeting, Mr Bohill and Mr Curran provided an account of the actions taken to date. This included the systems and processes which have been implemented in order to avoid a reoccurrence and the arrangements which will be made to ensure the minimum improvements necessary to achieve compliance with the legislative requirements identified. RQIA were assured that the appropriate actions to address the identified issues were being taken.

Having considered the assurances provided, and to ensure sustained compliance two areas of improvement under the regulations have been made in relation to recruitment and selection practice. Additional information in this regard can be found in section 6.2 and 6.4 of this report.

In addition to the areas of concern in relation to recruitment and selection practice, four other areas of improvement under the standards were made. These relate to the recording of the details of AccessNI enhanced disclosure checks, further development of the safeguarding policy, further development of the staff register and ensuring that all the recommendations made in the most recent radiation protection advisor (RPA) report have been addressed.

Patients who submitted questionnaire responses to RQIA indicated they were very satisfied or satisfied with all aspects of care in the practice.

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	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Mr John Bohill and Mr James Curran, registered persons as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent care inspection dated 16 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 June 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 John Bohill and Mr James Curran, registered persons and three dental nurses. A tour of the premises was also undertaken.

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

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control 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 16 June 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 16 June 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
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) schedule 2</p> <p>Stated: First time</p>	<p>The registered person must ensure enhanced AccessNI checks are undertaken and received prior to the commencement of employment of any new staff, including self-employed staff.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The personnel files of two members of staff recruited since the previous inspection were reviewed. A review of the records confirmed that AccessNI enhanced disclosure checks had been received for both members of staff. Mr Curran confirmed that both AccessNI enhanced disclosure checks had been undertaken in respect of Bohill Curran Dental Care. However, following the inspection it was established that the AccessNI enhanced disclosure check on file for one of the members of staff was not, in fact, in respect of Bohill Curran Dental Care but was evidence of an AccessNI enhanced disclosure check that had been completed in respect of the staff member's employment in another dental practice dated 2015.</p> <p>This area for improvement has not been addressed and RQIA is concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being compromised. This is discussed further in section 6.4 of the report.</p> <p>An area for improvement under the regulations has been stated for the second time.</p>	Not Met
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p>	<p>It is recommend that the following information should be retained in the personnel files of any newly recruited staff:</p> <ul style="list-style-type: none"> • two written references, including one from the most recent employer; • details of full employment history, 	Partially met

	<p>including an explanation of any gaps in employment;</p> <ul style="list-style-type: none"> • evidence of current GDC registration, where applicable; • criminal conviction declaration on application; • confirmation that the person is physically and mentally fit to fulfil their duties; • contract of employment/agreement and • job description 	
	<p>Action taken as confirmed during the inspection:</p> <p>A review of the personnel files of two members of staff recruited since the previous inspection evidenced that two written references, current GDC registration, a criminal conviction declaration and confirmation that the person is physically and mentally fit to fulfil their duties had been sought and retained.</p> <p>It was identified that one member of staff did not have a reference from their previous employer. This was discussed with Mr Curran and an explanation was given in this regard.</p> <p>A contract of employment / agreement was not in place in one of the files reviewed and Mr Curran agreed to issue an agreement to the identified staff member immediately following the inspection.</p> <p>There was no evidence that a full employment history, including an explanation of any gaps in employment had been obtained for either member of staff. Mr Curran was advised that in respect of staff recruited in the future all records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained.</p> <p>This is discussed further in section 6.4 of the report. This area for improvement has not been fully met and subsequently an area of improvement under the regulations has been made.</p>	

Area for improvement 2 Ref: Standard 8 Stated: First time	A more robust system should be implemented to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.	Met
	Action taken as confirmed during the inspection: Mr Curran confirmed that a system has been implemented to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.	

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 are 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 when new staff joined the practice. Mr Curran was advised to include the safeguarding of adults and children and the management of medical emergencies in the induction checklist for any staff recruited in the future.

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

During the inspection it was identified that two new staff had been recruited since the previous inspection. A review of the personnel files for these staff members demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care

Regulations (Northern Ireland) 2005 as amended has been sought and retained. There was no evidence that details of a full employment history, including an explanation of any gaps in employment had been obtained in the two files reviewed.

A review of the records in respect of both staff members identified that an AccessNI enhanced disclosure had been received for both staff. However, in respect of one of the staff, the records confirmed that the enhanced disclosure check was received on the same date as the staff member commenced employment in the practice. On enquiry, the inspector was assured that both AccessNI enhanced disclosure checks had been undertaken in respect of Bohill Curran Dental Care. However, following the inspection it was established that the AccessNI enhanced disclosure check certificate number retained in respect of one staff member was exactly the same certificate number as that provided for the staff member for their employment in another dental practice. Additional information retained in RQIA confirmed that this check was issued by AccessNI in 2015. The staff member was employed in Bohill Curran Dental Care from 16 May 2017 and there was no evidence that a satisfactory AccessNI enhanced disclosure check had been undertaken and received in respect of their current employment.

Areas of improvement under the regulations and standards had been made during previous care inspections in relation to staff recruitment and selection practices. Despite having raised these matters during the previous inspections RQIA is concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being compromised.

Following consultation with senior management in RQIA, a serious concerns meeting was held with Mr John Bohill and Mr James Curran, registered providers at RQIA on 09 October 2017. At this meeting, Mr Bohill and Mr Curran provided an account of the actions taken to date. This included the systems and processes which have been implemented in order to avoid a reoccurrence and the arrangements which will be made to ensure the minimum improvements necessary to achieve compliance with the legislative requirements identified. RQIA were assured that the appropriate actions to address the identified issues were being taken.

Having considered the assurances provided, and to ensure sustained compliance two areas of improvement under the regulations have been made in relation to recruitment and selection practice. One area for improvement which will be stated for a second time relates to ensuring that enhanced AccessNI enhanced disclosure checks have been undertaken and received prior to the commencement of employment of any new staff. The second area for improvement relates to ensuring that all of the information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained, prior to the commencement of employment. Following the inspection on 17 October 2017 RQIA received confirmation that an AccessNI enhanced disclosure check had been undertaken and received in respect of Bohill Curran Dental Care for the identified member of staff.

Mr Curran confirmed that a member of staff had worked in Bohill Curran Dental Care previously, had left to work in another practice and subsequently returned to work in the practice. However, this information was not reflected in the staff register. Mr Curran and Mr Bohill were advised that the staff register should be developed to include the name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. The staff register should be a live document and kept up to date. An area of improvement under the standards has been made in this regard.

There was a recruitment policy and procedure available. A minor amendment was made to the policy on the day of the inspection. Following the inspection the revised policy was

emailed to RQIA on 17 October 2017 and was found to be comprehensive and reflective of best practice.

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.

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 and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. However, the policy did not fully reflect the most recent regional policies and best practice guidance. An area for improvement under the standards has been made in this regard.

It was confirmed that a copy of the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) was available for staff reference. The regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the 'Adult Safeguarding Operational Procedures' (September 2016) were emailed to the practice following the inspection. Mr Curran agreed to make these documents 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.

A policy for the management of medical emergencies was in place. An amendment was made to the policy on the day of the inspection. Following the inspection a copy of the revised policy was emailed to RQIA on 17 October 2017 and was found to reflect best practice. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

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

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector, a DAC Universal and a steam steriliser had been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process had 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 September 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.

Mr Curran confirmed that the radiation protection file containing the relevant local rules, employer's procedures and other additional information had been sent to their RPA for a three yearly quality assurance check to be undertaken. As a result evidence 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 was not available. This information will be reviewed at the next care inspection. RQIA requested a copy of the RPA report confirming that the three yearly quality assurance check had been completed by the RPA and any recommendations made have been addressed. Following the inspection information submitted to RQIA confirmed that a quality assurance check had been undertaken by the RPA during September 2017. Mr Curran confirmed that most of the recommendations made had been addressed. An area for improvement under the standards has been made to ensure that all recommendations made by the RPA have been addressed.

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. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

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

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. This included the servicing of the firefighting safety equipment and fire safety testing.

A legionella risk assessment had been undertaken. Mr Curran confirmed that the recommendations made had been actioned. Mr Curran was advised to sign off the recommendations as actioned in the risk assessment.

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.

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

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

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Three staff indicated they were very satisfied with this aspect of care and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to induction, training, appraisal, management of medical emergencies, infection prevention control and decontamination procedures and the environment.

Areas for improvement

A record should be retained of the date the enhanced AccessNI disclosure check is applied for and received, the unique identification number and the outcome in keeping with AccessNI's code of practice.

AccessNI enhanced disclosure checks must be undertaken and received prior to the commencement of employment of any new staff, including self-employed staff.

All information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, should be sought and retained for all staff including self-employed staff, who commence work in the future.

The staff register should be further developed to include the names and details of all staff who have been employed and who are currently employed within Bohill Curran Dental Care. The staff register should be a live document and kept up to date.

The safeguarding policy should be further developed to ensure that the policy fully reflects regional and best practice guidance for both adults and children. The updated policy/policies should be shared with staff.

All recommendations made by the RPA should be addressed.

	Regulations	Standards
Total number of areas for improvement	2	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.

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. At the entrance to the practice information was available to identify the amount of sugar in various items of food and drink. Staff demonstrated how they use this information and also encourage their patients to download an app entitled "Food Smart" from Public Health England which immediately identifies the amount of sugar is in a product. Staff confirmed that oral health is actively promoted on an individual level with patients during their consultations with the dentist and hygienist.

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

Communication

Mr Curran and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a regular 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.

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 and indicated that 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. Three staff indicated that they were very satisfied with this aspect of care and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity, respect and involvement in decision making

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

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This 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. 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.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care and indicated that 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 are treated with dignity and respect and are involved in decision making affecting their care. All staff indicated that 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 Bohill, registered person and registered manager is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on 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.

Mr Curran 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. However, as discussed areas of concern were identified in relation to the recruitment and selection of staff. RQIA were assured that the appropriate actions to address the identified issues were being taken and more robust governance arrangements to ensure that staff will be recruited in keeping with legislative requirements have been developed.

It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and are 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 indicated that 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. Three staff indicated they were very satisfied with this aspect of the service and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr John Bohill and Mr James Curran, registered persons as part of the inspection process. The timescales commence from the date of inspection.

The registered persons/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 via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 2 as amended</p> <p>Stated: Second time</p> <p>To be completed by: 26 September 2017</p>	<p>The registered persons must ensure enhanced AccessNI disclosure checks are undertaken and received prior to the commencement of employment of any new staff, including self-employed staff.</p> <p>Ref: 6.2 and 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Recruitment policy has been made more robust. A new access NI check has been issued. As outlined at the "Serious Concerns" meeting the staff member under investigation had provided us with an access NI check number but gave us the wrong one. The confusion arose because the staff member has 8 access NI checks, one for each practice she works in. All details have been appropriately recorded.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 26 September 2017</p>	<p>The registered persons shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff including self-employed staff who commence work in the future.</p> <p>Ref: 6.2 and 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Recruitment policy has been enhanced to reflect schedule 2. The independent health care regulations (NI) 2005</p>

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)

<p>Area for improvement 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 26 September 2017</p>	<p>The registered persons shall ensure that a record is retained of the date the AccessNI enhanced disclosure check was applied for and received, the unique identification number and the outcome in keeping with AccessNI's code of practice.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A log has been started to record the additional information required in keeping with the access NI code of practice. The recruitment check list provided by the RQIA has been amended.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2017</p>	<p>The registered persons shall ensure that the safeguarding policy for adults and children is reviewed and further developed to fully reflect the regional policies and best practice guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>Safeguarding policy for adults and children has been developed to reflect the regional policies and best practice. The new guidelines have been downloaded and are to be discussed at the next practice meeting</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 26 October 2017</p>	<p>The registered persons shall ensure that all recommendations made by the RPA have been addressed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>The radiation protection file was examined by Norma Munn at the serious concerns meeting and all aspects of the PHE report and review were seen to have been done.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 26 September 2017</p>	<p>The registered persons shall ensure that a staff register is further developed and maintained to include the names and details of all staff who have been employed and who are currently employed within Bohill Curran Dental Care.</p> <p>The register must include the name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. This should also include associate dentists or other self-employed persons working in the practice.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>Staff register has been ammended</p>



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