

# Announced Care Inspection Report

## 16 June 2016



## Bohill Curran Dental Care

**Type of Service: Dental Service**

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

**Tel No: 028 4461 6588**

**Inspector: Norma Munn**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Bohill Curran Dental Care took place on 17 June 2016 from 10:00 to 13:40.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

Observations made, review of documentation and discussion with Mr James Curran, registered person and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One issue was identified in relation to the recruitment and selection policy which was addressed on the day of the inspection and two issues were identified in relation to the provision of medical emergency equipment which were addressed immediately following the inspection. One requirement has been made in relation to an AccessNI check. One recommendation relating to documents to be retained in staff personnel files has been stated for a second time.

### Is care effective?

Observations made, review of documentation and discussion with Mr Curran and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

### Is care compassionate?

Observations made, review of documentation and discussion with Mr Curran and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

### Is the service well led?

Information gathered during the inspection identified that further development is needed to ensure that effective leadership and governance arrangements are in place and create a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. A number of quality assurance processes were in place. Two issues were identified within the safe domain in relation to recruitment and selection processes which relate to quality assurance and good governance. One recommendation has been made in relation to the management of safety alerts and notices.

This inspection was underpinned by 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).

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.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

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

Enforcement action did not result from the findings of this inspection.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 2.0 Service details

<b>Registered organisation/registered provider:</b> Mr John Bohill Mr James Curran	<b>Registered manager:</b> Mr John Bohill
<b>Person in charge of the service at the time of inspection:</b> Mr James Curran	<b>Date manager registered:</b> 18 September 2013
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

### 3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Curran, registered person, an associate dentist and three dental nurses. A tour of the premises was also undertaken.

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

#### **4.0 The inspection**

##### **4.1 Review of requirements and recommendations from the most recent inspection dated 10 August 2015**

The most recent inspection of the establishment was an announced variation to registration inspection. This inspection was undertaken by a care inspector and an estates inspector. The completed QIP for the care inspection was returned and approved by the care inspector. The QIP for the estates inspection will be validated by the estates inspector at their next inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 23 April 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.1  <b>Stated:</b> First time	<p>It is recommended that an overarching policy for the management of medical emergencies reflecting best practice guidance should be developed.</p> <p>Protocols should be developed for staff reference outlining the local procedure for dealing with the various medical emergencies to include:</p> <ul style="list-style-type: none"> <li>• Anaphylaxis;</li> <li>• Asthma;</li> <li>• Epileptic seizures;</li> <li>• Hypoglycaemia; and</li> <li>• Syncope.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the management of medical emergencies policy evidenced that the policy reflected best practice guidance. Protocols were in place outlining the local procedures for dealing with various medical emergencies.</p>	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	<p>It is recommended that portable suction and oxygen masks in a variety of sizes as recommended by the Resuscitation Council (UK) guidelines should be provided.</p> <p>Review the provision/availability of an automated external defibrillator (AED) and include the agreed arrangements in the policy/protocol.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was observed that portable suction and oxygen masks in various sizes had been provided. Mr Curran had reviewed the provision of an AED and arrangements were in place to access a community AED nearby. However, Mr Curran confirmed that he had ordered an AED prior to the inspection and has agreed to incorporate this new arrangement into the medical emergencies policy. RQIA received confirmation by electronic mail on 17 June 2016 that the AED had been provided and the policy updated.</p>	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the recruitment policy and procedure is further developed to include the arrangements of the application process, shortlisting, issuing of job descriptions and contracts of employment and enhanced AccessNI checks.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of the recruitment policy evidenced that the policy had been developed and included the arrangements of the application process, shortlisting, issuing of job descriptions and contracts of employment. The arrangement for undertaking enhanced AccessNI checks was included however; the arrangement for receiving checks prior to staff commencing work was not included. This was discussed with Mr Curran and added on the day of the inspection.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the following information should be retained in the personnel files of any newly recruited staff:</p> <ul style="list-style-type: none"> <li>• two written references, including one from the most recent employer;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties;</li> <li>• contracts of employment/agreement and</li> <li>• job description</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> A review of the personnel file of one staff member recently recruited confirmed that two written references had been provided however, neither reference had been obtained from the most recent employer. A criminal conviction declaration had not been obtained. This recommendation has not been fully addressed and has been stated for a second time.</p>	<p><b>Partially Met</b></p>

<b>Recommendation 5</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	<p>It is recommended that a staff register should be developed and retained containing staff details including, name, date of birth, position; dates of employment; details of professional qualification and professional registration with the GDC, where applicable.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of the staff register evidenced staff details including the name, date of birth, position; dates of employment; details of professional registration with the GDC, where applicable.</p>	<b>Met</b>
<b>Recommendation 6</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	<p>It is recommended that job descriptions should be developed in respect of each role within the practice.</p> <p>Contracts of employment/agreement should be issued to staff.</p> <p><b>Action taken as confirmed during the inspection:</b> A sample of job descriptions were provided. Discussion with staff confirmed that contracts of employment/agreements had been issued.</p>	
<b>Recommendation 7</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time	<p>It is recommended that AccessNI disclosure certificates should be handled in keeping with AccessNI's code of practice and a record retained of the date the check was applied for and received, the unique identification number and the outcome.</p> <p><b>Action taken as confirmed during the inspection:</b> An enhanced AccessNI certificate was observed to be stored in the staff file of a member of staff recruited within the previous six months. RQIA received confirmation by electronic mail on 20 June 2016 that the check had been disposed of in keeping with the AccessNI's code of practice. A record was retained of the date the check was applied for, received and the unique identification number.</p>	<b>Met</b>



### 4.3 Is care safe?

#### Staffing

Three dental surgeries are in operation in this practice. Discussion with Mr Curran and 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. A review of a sample of one evidenced that appraisals had been completed on an annual basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

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

#### Recruitment and selection

A review of the submitted staffing information and discussion with Mr Curran confirmed that one member of staff has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that the following information had been retained:

- positive proof of identity, including a recent photograph
- evidence that an enhanced AccessNI check was received
- two written references
- details of full employment history, including an explanation of any gaps in employment
- evidence of qualifications obtained
- evidence of current GDC registration
- confirmation that the person is physically and mentally fit to fulfil their duties
- evidence of professional indemnity insurance, where applicable

It was noted that the AccessNI check had been received after the member of staff commenced work in the practice. A requirement has been made in this regard.

As previously discussed two written references had been provided however, neither reference had been obtained from the most recent employer. A criminal conviction declaration had not been obtained. A recommendation had been made during the previous care inspection in regards to documents to be retained in staff personnel files. This recommendation has not been fully addressed and has been stated for a second time. Mr Curran was advised that staff personnel files should include all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 in respect of any new staff employed in the future.



There was a recruitment policy and procedure available. A minor amendment was made to the policy on the day of the inspection. The revised policy was comprehensive and reflected best practice guidance.

## **Safeguarding**

Staff spoken with 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 and discussion with Mr Curran demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

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

A copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was in the practice for staff reference on the day of the inspection. Mr Curran confirmed that he intends to arrange further safeguarding adults training for staff to attend in regards to the new regional guidance.

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). It was observed that the format of buccal Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). When the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an AED. As previously discussed the practice had access to a community AED nearby. However, Mr Curran confirmed that he had ordered an AED prior to the inspection and has agreed to incorporate this new arrangement into the medical emergencies policy. RQIA received confirmation by electronic mail on 17 June 2016 that the AED had been provided and the policy updated. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

## **Infection prevention control and decontamination procedures**

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

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 who had responsibility for infection control and decontamination in the practice.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including a washer disinfectant, a DAC Universal and a steam steriliser have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during June 2016.

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.

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 demonstrated that the recommendations made have been addressed.

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

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

## Environment

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

Detailed cleaning schedules were in place for all areas. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment.

A legionella risk assessment was last undertaken in October 2015 and water temperature is monitored and recorded as recommended.

A fire risk assessment had been undertaken and reviewed in October 2015 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.

## Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were provided.

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were provided.

## Areas for improvement

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

Staff personnel files should include all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 in respect of any new staff employed in the future.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 4.4 Is care effective?

### Clinical records

Staff spoken with 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 it was confirmed that treatment plans are developed in consultation with patients. 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 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. There was a range of health promotion information leaflets available in the reception area. Mr Curran is involved in health promotion that he delivers in nurseries and schools. Staff discussed information the practice had displayed during the National Smile month to promote oral health. Mr Curran confirmed that oral health is actively promoted on an individual level with patients during their consultations.

## **Audits**

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records
- review of complaints

## **Communication**

Mr Curran 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. Mr Curran confirmed 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 twenty patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

One comment was provided as follows:

‘Excellent service from all members of staff.’

Five 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. Staff spoken with during the inspection concurred with this. No comments were provided.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

## Dignity, respect and involvement in decision making

Staff spoken with 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

Twenty patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were provided.

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. Staff spoken with during the inspection concurred with this. No comments were provided.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

#### 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 has overall responsibility for the day to day management of the practice. However, on the day of the inspection Mr Curran informed the inspector that Mr Bohill had been absent from work since the end of April 2016. Mr Curran was advised that the registered person is required to give notice in writing to RQIA regarding the absence of the registered manager. A notification of absence confirming the proposed management arrangements in the absence of Mr Bohill was forwarded to RQIA by electronic mail on 20 June 2016.

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 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 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. Mr Curran confirmed that a system was also in place to ensure that urgent communications, safety alerts and notices are reviewed. However, Mr Curran had not been aware of a recent drug safety alert discussed on the day of the inspection. A recommendation has been made to ensure that a more robust system is implemented 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.

Mr Curran demonstrated a clear understanding of their role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

### **Patient and staff views**

Twenty patients who submitted questionnaire responses indicated that they felt that the service is well managed. No comments were provided.

Five submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were provided.

### **Areas for improvement**

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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## **5.0 Quality improvement plan**

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr James Curran, registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2  <b>Stated:</b> First time  <b>To be completed by:</b> 17 June 2016	<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> <p><b>Response by registered provider detailing the actions taken:</b>            THIS WAS A ONE-OFF OVERSIGHT BY THE PRINCIPALS AND WILL NOT HAPPEN AGAIN.         </p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 17 June 2016	<p>It is recommended that the following information should be retained in the personnel files of any newly recruited staff:</p> <ul style="list-style-type: none"> <li>• two written references, including one from the most recent employer;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties;</li> <li>• contracts of employment/agreement and</li> <li>• job description</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b></p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 8  <b>Stated:</b> First time  <b>To be completed by:</b> 17 June 2016	<p>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.</p> <p><b>Response by registered provider detailing the actions taken:</b>            A POLICY HAS BEEN PUT IN PLACE SUCH THAT WHEN "ALERTS" ARE RECEIVED THEY ARE PUT IN THE ALERTS FILE AND DISCUSSED AT THE MONTHLY PRACTICE MEETING         </p>

\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\*

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- THE RECRUITMENT POLICY HAS BEEN MADE MORE ROBUST. I WAS QUESTIONED AS TO WHY THE MOST RECENT RECRUIT (CHRISTINE) DID NOT HAVE A REF FROM HER MOST RECENT EMPLOYER. CHRISTINE TOLD ME THAT THEY REFUSED TO GIVE A REFERENCE.
  - CRIMINAL CONVICTION DECLARATION FORMS HAVE BEEN SOUGHT FROM NIACRO. AND WILL BE GIVEN TO ALL NEW RECRUITS
  - NEW RECRUITS WILL BE ASKED TO SELF CERTIFY THEIR PHYSICAL + MENTAL WELLBEING
  - ALL OTHER POINTS IN RECOMM. 1 ARE BEING DONE.



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
@RQIANews