

Announced Pre-Registration Care and Medicines Inspection Report 04 July 2019



Blue Sky Dentistry

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 28 Wellington Park, Belfast BT9 6DL
Tel No: 028 9068 7722
Inspectors: Norma Munn and Frances Gault

www.rqia.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 provider 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 dental practice with three dental surgeries. This practice was initially registered as Blue Sky Dentistry with RQIA on 17 February 2014. The practice was sold to Portman Healthcare Limited on 26 June 2019 and continues to operate under the name Blue Sky Dentistry.

3.0 Service details

Applicant Organisation/Registered Provider: Portman Healthcare Limited Applicant Responsible Individual: Mr Mark Hamburger	Registered Manager: Mrs Ashleigh Drummond
Person in charge of the establishment at the time of inspection: Mrs Ashleigh Drummond	Date manager registered: 04 July 2019
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

Portman Healthcare Limited is the registered organisation for nine dental practices registered with RQIA. Mr Mark Hamburger is the responsible individual for Portman Healthcare Limited.

4.0 Inspection summary

An announced pre-registration care inspection of Blue Sky Dentistry took place on 04 July 2019 from 10.00 to 14.40. Mrs Frances Gault, senior pharmacy inspector, also undertook a medicines inspection of the establishment on the same day from 10.00 to 11.40. The findings of the medicines inspection are included in this report.

The inspection was facilitated by Mrs Ashleigh Drummond, registered manager and Ms Alison Rae, compliance facilitator for Portman Healthcare Limited.

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 (DoH) Minimum Standards for Dental Care and Treatment (2011).

The inspection sought to assess an application submitted to the Regulation and Quality Improvement Authority (RQIA) for the registration of Blue Sky Dentistry as an Independent Hospital providing dental treatment.

An application was also submitted for the registration of Mr Mark Hamburger as the responsible individual and Mrs Ashleigh Drummond as the registered manager.

This practice was initially registered as Blue Sky Dentistry with RQIA on 17 February 2014. The practice was sold to Portman Healthcare Limited on 26 June 2019 and continues to operate under the name Blue Sky Dentistry.

Areas of good practice were identified in relation to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medicines and medical emergencies, the management of conscious sedation, infection prevention and control and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

One area for improvement against the regulations has been identified in relation to the servicing of the cone beam computed tomography (CBCT) and two areas for improvement have been identified against the standards in relation to the records management policy and registration with the information commissioner's office (ICO).

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.

Information has been gathered throughout the registration process; the findings of the inspection have been discussed with Mrs Drummond and Ms Rae, and areas for improvement have been identified in the inspection report. A timescale, which has been agreed with Mrs Drummond and Ms Rae, is specified for the submission to RQIA of a Quality Improvement Plan (QIP) addressing the identified areas for improvement. Scrutiny of this information means that registration of this dental practice is granted from a care perspective, subject to submission to RQIA of a QIP agreeing that these areas for improvement will be addressed within the specified timescales.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Areas for improvement and details of the QIP were discussed with Mrs Drummond and Ms Rae 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- application to register the practice
- application to register the responsible individual
- application to register the manager
- the proposed statement of purpose

During the inspection the inspectors met with Mrs Drummond, Ms Rae, a dentist, the lead dental nurse, a dental nurse and the treatment co-ordinator. 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
- management of medicines
- conscious sedation
- infection prevention and control and decontamination
- radiography
- clinical record recording arrangements
- management and governance arrangements

The areas for improvement identified at the last announced care inspection carried out on 3 July 2018 were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mrs Drummond and Ms Rae at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 March 2019

The most recent inspection of the practice was an unannounced care inspection on 20 March 2019. There were no areas for improvement made as a result of this inspection.

Areas for improvement had been made following the previous care inspection dated 03 July 2018. Action required to ensure compliance was not reviewed as part of the inspection on 20 March 2019 and as a result have been reviewed during this 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 03 July 2018

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(2)	The registered provider shall ensure that pressure vessels are inspected under a written scheme of examination and records retained. A copy should be forwarded to RQIA on	Met

<p>Stated: First time</p>	<p>completion.</p> <p>Action taken as confirmed during the inspection: A review of documentation confirmed that pressure vessels have been inspected under a written scheme of examination and records have been retained.</p>	
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that safer sharps are used so far as is reasonably practicable; in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013.</p> <p>A risk assessment should be undertaken for all dentists who do not use safer sharps; any areas for improvement within the risk assessment should be addressed.</p> <p>Action taken as confirmed during the inspection: Mrs Drummond and staff confirmed that safer sharps are not used in the practice. However, risk assessments have been undertaken for all dentists who do not use safer sharps.</p> <p>Ms Rae confirmed that in the future safer sharps will be introduced in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that dental handpieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.</p> <p>Action taken as confirmed during the inspection: Mrs Drummond confirmed that dental handpieces were being washed manually prior to sterilisation. However, this was due to the installation of a new washer disinfectant that did not include a rack to hold the handpieces. Following the inspection Mrs Drummond confirmed that the rack to hold the dental handpieces had been provided and assurances have been given that all compatible dental handpieces will be processed in the washer</p>	<p>Met</p>

	disinfector.	
Area for improvement 3 Ref: Standard 8 Stated: First time	<p>The RPA should review the radiation protection files to ensure that all the relevant information in relation to radiology and radiation safety is included and up to date. Any recommendations made by the radiation protection advisor (RPA) should be addressed and confirmation recorded in the radiation protection files.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of the radiation protection file in respect of the intra oral x-ray machines confirmed that the RPA had reviewed the file to ensure that all the relevant information in relation to radiology and radiation safety is included and up to date. Any recommendations made by the RPA had been addressed and confirmation recorded in the radiation protection file.</p> <p>The radiation protection file in respect of the CBCT was not available for review. Mrs Drummond confirmed that the RPA had completed a quality assurance check on 19 June 2019 and the file had been sent to the RPA. Following the inspection Mrs Drummond confirmed that the report of the visit on 19 June 2019 by the RPA had been reviewed and the majority of recommendations made have been addressed. Assurances were given that all the recommendations made will be addressed and confirmation recorded in the radiation protection file.</p>	

6.3 Inspection findings

Statement of purpose

A statement of purpose was prepared in a recognised format. The statement of purpose included the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. A minor amendment was made following the inspection.

Patient guide

The inspector reviewed the patient guide. The patient guide fully reflected the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. A minor amendment was made following the inspection.

Complaints

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Patients and/or their representatives will be made aware of how to make a complaint by way of the patient's guide and information on display in the practice. Discussion with the treatment co-ordinator confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Discussion with Mrs Drummond and Ms Rae confirmed that a record of complaints will include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints will be undertaken to identify trends, drive quality improvement and to enhance service provision.

Policies and procedures

A range of policies and procedures were in place. Policies were retained in a manner making them accessible to staff and a systematic organised system for policies and procedures has been developed. The following policies and procedures were reviewed:

- safeguarding children and adults
- recruitment and selection
- management of medical emergencies
- conscious sedation
- records management

A review of the policies listed above is discussed further within the report.

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 Mrs Drummond confirmed that all staff in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. 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 at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. Mrs Drummond was advised to include the name of the safeguarding lead in the policies and to ensure that any out of date policies have been removed from the policy file.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were available for staff reference.

Recruitment and selection

Mrs Drummond confirmed that new staff have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. 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 is sought and retained for inspection.

A staff register had been developed and was observed to contain the relevant information as outlined in the regulations.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

Records

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

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 should be revised to include the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection and should be in line with legislation and the new General Data Protection Regulations (GDPR) May 2018. An area for improvement against the standards has been made.

Ms Rae confirmed that the practice was registered with the ICO and a Freedom of Information Publication Scheme has been established. However, the name of the practice was not listed on the corporate ICO certificate reviewed. Ms Rae agreed to address this issue and an area for improvement against the standards has been made in this regard.

Qualitative treatment and other service provision

Quality assurance systems and processes were in place. These included: x-ray quality grading audits, x-ray justification and clinical evaluation audits, monthly staff meetings, six monthly patient satisfaction surveys, in house training, corporate CPD training events and on-going audits of compliance in keeping with best practice guidance as outlined in HTM 01-05.

Mrs Drummond confirmed that patient satisfaction questionnaires will be available for patients throughout the year at the reception desk and information will be collated from the returns on a six monthly basis.

There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. A training overview record has been established which will be reviewed at appraisal and will help inform the practice's annual training programme.

An induction programme has been developed and a system to ensure staff receive appraisal on an annual basis is in place. Annual staff appraisal and a six month appraisal review will be implemented within the new arrangements.

Arrangements are in place to review the registration status of clinical staff and professional indemnity of staff who require individual professional indemnity.

Ms Rae confirmed that she will be undertaking visits as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005; a report will be produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. An action plan will be developed to address any issues identified which include timescales and the person responsible for completing the action.

Infection prevention and control/decontamination

Dental practices in Northern Ireland have been directed by the DOH, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012.

A copy of the 2013 edition of HTM 01-05 was available at the practice for staff reference. Discussion with staff demonstrated that they were familiar with best practice guidance. 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 February 2019 by the lead dental nurse.

A separate dedicated decontamination room has been provided in the practice. The decontamination room adequately meets the practice requirements and facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

Discussion with staff 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. As discussed Mrs Drummond confirmed that dental handpieces were being washed manually prior to sterilisation. A reasonable explanation was given regarding this and following the inspection Mrs Drummond gave assurances that all compatible dental handpieces will be processed in the washer disinfectant .

Appropriate equipment, including a washer disinfector and three steam sterilisers, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

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.

Appropriate arrangements were in place for the management of waste, including sharps, and dental unit water lines were managed in keeping with best practice.

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

Environment

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

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

Mr Gavin Doherty estates inspector, will be reviewing the environmental aspects of the establishment and the associated risk assessments.

Arrangements are in place for maintaining the environment. A legionella risk assessment had been undertaken and water temperatures are monitored and recorded as recommended. A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

Pressure vessels have been inspected under the written scheme of examination of pressure vessels.

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.

Emergency arrangements

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

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

The policy for the management of medical emergencies reflected best practice guidance. Minor amendments were made to the policy following the inspection. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies. The protocol for epilepsy was amended following the inspection to include the doses of Buccolam to be administered.

It was confirmed that conscious sedation is provided in this practice. Mrs Drummond confirmed that all members of the dental team providing treatment under conscious sedation have undertaken training in immediate life support.

Conscious Sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mrs Drummond confirmed that intravenous sedation (IV) is the only method of sedation offered to patients in the practice.

A policy and procedure in relation to the management of conscious sedation was in place. However, this is currently being reviewed by the new providers and a copy was sent to RQIA following the inspection.

Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003).

Review of three care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

It was established that all relevant members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice. Further training is to be provided in September 2019 and Mrs Drummond has given assurances that the practice will keep a record of all training updates regarding conscious sedation training.

Management of medicines

Standard operating procedures (SOP) are in place for the management of controlled drugs. A template copy of these was provided to RQIA during the inspection which will be personalised for use within Blue Sky Dentistry.

Controlled drugs are stored in a locked cabinet. The security of this arrangement was discussed in detail and the current arrangements were required to be reviewed to ensure that there was a robust system in place for the storage of controlled drugs which limits the access to the medicines. Following the inspection RQIA received written confirmation that this has been reviewed and the policy amended.

Stock balance records were in place which identified the transfer of the controlled drugs to each of the three dentists. The stock balance is reconciled when a new supply of the drugs are required. Staff advised that the administration to the patient is recorded on the care notes. These identify the dentist and dental nurse involved in each administration.

Other medicines, mainly for pain and post treatment, are also kept in the medicine cabinet. It was suggested that similar stock balance records should be in place to monitor these medicines.

Radiology

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

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained in respect of the intra oral x-ray machines. A review of the file confirmed that staff have been entitled by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audits. As discussed the radiation protection file in respect of the CBCT machine was not available for review. Mrs Drummond confirmed that the RPA had completed a quality assurance check on 19 June 2019 and the file had been sent to the RPA.

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 RPA completes a quality assurance check every three years in respect of the intra oral x-ray machines and yearly in respect of the CBCT machine. Review of the report of the most recent visit by the RPA in respect of the intraoral x-ray machines demonstrated that the recommendations made have been addressed. As discussed Mrs Drummond confirmed that the RPA had completed a quality assurance check on 19 June 2019 in respect of the CBCT machine. Following the inspection Mrs Drummond confirmed that the report of the most recent visit on 19 June 2019 by the RPA had been reviewed and the majority of recommendations made have been addressed. Assurances were given that all the recommendations made will be addressed and confirmation recorded in the radiation protection file.

It was confirmed that the Health and Safety Executive have been notified of the change of ownership arrangements.

The intraoral x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions. There was no evidence that the CBCT machine had been serviced and maintained in accordance with manufacturer's instructions. An area for improvement against the regulations has been made in this regard.

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

Areas of good practice

Areas of good practice were identified in relation to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, the management of conscious sedation, medicines management and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Areas for improvement

Ensure that the CBCT machine is serviced in accordance with manufacturer's instructions. The servicing reports should be retained in the establishment.

Further develop the records management policy in accordance with legislative and best practice guidance.

Ensure that the practice is registered with the ICO. A copy of the ICO registration certificate should be submitted to RQIA upon return of the QIP.

	Regulations	Standards
Total number of areas for improvement	1	2

6.4 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mrs Drummond and staff.

6.5 Fit person interview

Providers of regulated establishments require to be registered with RQIA in accordance with Article 12 of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, as it is an offence to carry on an establishment of any description without being registered in respect of it.

An application was submitted to RQIA by Mr Hamburger to become the registered person for Blue Sky Dentistry. The relevant information, supporting documentation and appropriate fee accompanied the application.

Mr Hamburger attended a meeting with inspectors at the offices of RQIA on 30 September 2015. Discussions with Mr Hamburger evidenced that he had a clear understanding of his roles and responsibilities as a registered person under the relevant legislation and minimum standards. Mr Hamburger is registered with RQIA as the registered person of nine other dental practices: Beechview Dental Practice; Grosvenor Road Dental Practice; Jones Dental Care; Rosconnor Clinic in Derry; Rosconnor Specialist Dentistry in Ballymoney; Shore Road Dental Practice; Smiles Dentalcare; Finaghy Orthodontics and Parks Dental Surgery.

Registration of Mr Hamburger with RQIA as registered person has been approved.

Blue Sky Dentistry was required to appoint a registered manager. An application was received in respect of Mrs Drummond. Following submission and review of the application, registration with RQIA has been approved.

6.6 Conclusion

Registration of this dental practice is granted from a care perspective, subject to submission to RQIA of a QIP agreeing that the areas for improvement will be addressed within the specified timescales.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Drummond and Ms Rae as part of the inspection process. The timescales commence from the date of inspection.

The applicant registered person 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 applicant 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 (DOH) 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	
Area for improvement 1 Ref: Regulation 15 (2) Stated: First time To be completed by: 4 August 2019	<p>The registered person shall ensure that the cone beam computed tomography (CBCT) machine is serviced in accordance with manufacturer's instructions.</p> <p>The servicing reports should be retained in the establishment.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The first date for servicing that DMI could offer is 13/8/2019. This servicing certificate can be forwarded once received.</p>
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 10 Stated: First time To be completed by: 4 September 2019	<p>The registered person shall further develop the records management policy in accordance with legislative and best practice guidance.</p> <p>The records management policy should include the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The records management policy does exist however Portman Healthcare are currently reviewing the policy, this will be amended prior to 4/9/2019 to include the required Information.</p>
Area for improvement 2 Ref: Standard 10 Stated: First time To be completed by: 4 August 2019	<p>The registered person shall ensure that the practice is registered with the Information Commissioner's Office (ICO).</p> <p>A copy of the ICO registration certificate should be submitted to RQIA upon return of the QIP.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Correspondance in relation to the ICO has been forwarded to Norma Munn as proof that we have requested a copy of the register which includes Blue Sky Dentistry</p>

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



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