

Announced Care Inspection Report

27 June 2017



Clear Dental Armagh

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

Address: 12 - 14 Russell Street, Armagh BT61 9AA

Tel No: 02837524958

Inspector: Carmel McKeegan

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 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 six registered places providing general dental services.

3.0 Service details

Organisation/Registered Provider: Clear Dental Care (NI) Limited Mr Mark Tosh	Registered Manager: Mrs Lyndsey Reid
Person in charge at the time of inspection: Mrs Lyndsey Reid	Date manager registered: 17 July 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 6

Prior to the inspection a full and complete registered manager application was submitted to RQIA in respect of Mrs Lyndsey Reid. Following the inspection the registered manager application was approved with effect from 17 July 2017.

4.0 Inspection summary

An announced inspection took place on 27 June 2017 from 11.00 to 14.00.

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 staff training and development, patient safety in respect of radiology, infection prevention and control and decontamination of reusable dental instruments, the environment, the range and quality of audits, health promotion and engagement to enhance the patients' experience.

An area of improvement was identified against the minimum standards to ensure that the safeguarding lead/champion undertakes formal training in safeguarding children and adults.

All of the patients who submitted questionnaire responses indicated that they were very satisfied or satisfied with the care and services provided.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, and 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	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Lyndsey Reid, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 17 October 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 October 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
- registered manager application in respect of Mrs Lyndsey Reid

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 Mrs Reid, registered manager, an associate dentist, two dental nurses and a receptionist. 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 section
- safeguarding
- management of medical emergencies
- infection prevention and control

- 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 Mrs Reid, registered manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 October 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 17 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 26 Stated: First time	The registered person must undertake an unannounced monitoring visit to the practice on a six monthly basis. A written report of the visit should be prepared on the conduct of the establishment and be available in the establishment for inspection.	Met
	Action taken as confirmed during the inspection: Discussion with staff confirmed that Mr Tosh, registered person has undertaken six monthly unannounced monitoring visits to the practice. Written reports of the visit were available for inspection.	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 14.2 Stated: First time	The fire risk assessment and legionella risk assessment should be reviewed in keeping with best practice guidance.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that at fire risk assessment and a legionella risk assessment had been completed by an external health and safety advisor on 27 October 2016.	

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

Six dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. Review of the record of induction for three new staff recruited since the previous inspection, demonstrated that a record of induction was available for two staff members. Discussion with Mrs Reid confirmed that that one staff member had commenced prior to Mrs Reid's appointment, and she was unsure if a record of induction had been completed for this individual. A record of induction should be completed for any person commencing work in the practice and should be available for inspection. An area for improvement against the standards has been made in this regard.

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.

A review of records and discussion with Mrs Reid confirmed that professional indemnity cover is provided for all the dental nurses under corporate indemnity arrangements. Records were not available to confirm that individual professional indemnity cover was in place for all other

clinical staff. On 28 July 2017 RQIA received written confirmation that professional indemnity cover was in place for all other clinical staff working in the practice and that arrangements have been established to monitor both corporate and individual indemnity cover.

Recruitment and selection

As previously discussed three staff have been recruited since the previous inspection. A review of the personnel files for the three new staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained for two staff members.

One personnel file did not provide: positive proof of identity, including a recent photograph; two written references; an employment history, including gaps in employment; or evidence that a contract of employment had been provided. Mrs Reid stated that as the individual had been recruited prior to Mrs Reid's appointment she had not been involved in the recruitment process and would seek advice from Clear Dental Care (NI) Limited human resources department.

On 28 July 2017 Mrs Reid confirmed by email that Clear Dental Care (NI) Limited human resources department stated that two written references and an employment history had been obtained by the previous manager; however, this documentation could not be located. An area for improvement against the regulations has been made to ensure all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for identified staff member and for any new staff appointed in the future.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

A staff register was not available; Mrs Reid was advised that the staff register should contain staff details, including: name; date of birth; position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable. Mrs Reid is aware that the staff register is a live document and should be kept up-to-date.

Safeguarding

Staff were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that the safeguarding lead 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. It was identified that both the child protection policy and the adults at risk of harm policy made reference to other dental practices and employees within Clear Dental Care (NI). In addition, there was a third joint overarching policy for children

and vulnerable adults. The registered person should provide clear guidance on the corporate approach and arrangements for the safeguarding and protection of adults and children at risk of harm. An area for improvement against the standards has been made to ensure that policies and procedures for the safeguarding and protection of adults and children at risk of harm are provided which are reflective of best practice guidance. A copy should be provided to RQIA upon return of the QIP.

It was confirmed that copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained; it was noted that oropharyngeal airways in sizes two and three had exceeded their expiry date. On 28 July 2017 RQIA received confirmation that these items had been ordered for the practice.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. Mrs Reid confirmed that the relevant emergency equipment items would also be included within the checking procedures. 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 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 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 five steam sterilisers 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 2017.

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

Radiography

The practice has six surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit on 7 December 2015 by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained on 24 March 2017 in accordance with manufacturer's instructions.

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

Environment

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

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, records of servicing and maintenance were available in respect of portable appliance testing, electrical wiring installation reviewed five yearly, and a health and safety review of the dental practice.

A legionella risk assessment was last undertaken on 27 October 2016 and water temperature are monitored and recorded as recommended. The registered person should provide evidence that all the recommendations stated within the legionella risk assessment dated 27 October 2016, have been addressed. An area for improvement against the standards has been made in this regard.

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.

A written scheme of examination of pressure vessels had been established and the last pressure vessel examination was undertaken on 22 May 2017.

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. Eighteen patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Comments provided included the following:

- 'Excellent practice, highly recommend it.'
- 'Very easy to talk too.'
- 'Caring staff in surgery and reception area.'

Thirteen staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Nine staff indicated they were very satisfied with this aspect of care and four indicated they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- 'Regular training is provided to keep patients safe, the practice is well organised and well-staffed. All practice staff are very health and safety conscious.'
- 'All dental team work well together to ensure safe place for patients.'
- 'Training would be needed on moving and handling and fire safety.'

Areas of good practice

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

Areas for improvement

Records of induction should be retained for any new staff appointed.

All the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be provided for the identified staff member and should be sought and retained for any new staff appointed in the future.

A staff register should contain staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable.

Ensure that policies and procedures for the safeguarding and protection of adults and children at risk of harm are provided which are reflective of best practice guidance. A copy should be provided to RQIA upon return of the QIP.

The registered person should provide evidence that all the recommendations stated within the legionella risk assessment dated 27 October 2016, have been addressed.

	Regulations	Standards
Total number of areas for improvement	1	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.

Mrs Reid and 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.

Electronic records are maintained and have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Clinical staff confirmed that oral health is actively promoted on an individual basis during treatment sessions by both the dentists and the dental hygienist.

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

Audits

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical waste management
- clinical records
- review of complaints/accidents/incidents

Communication

Mrs Reid and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

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. Sixteen patients indicated they were very satisfied with this aspect of care and four indicated they were satisfied. The following comment was provided in a submitted questionnaire response:

- 'Very professional staff.'

All of the 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. Nine staff indicated they were very satisfied with this aspect of care and four indicated they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- 'Patients are treated in a very holistic manner, records are reliable and detailed, regular auditory of records is carried out to ensure it is kept to a high standard.'
- 'Dentists in practice work extremely well with this, including all members of staff.'
- 'But unaware of monitoring/review mechanisms, just radiograph audits.'

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 ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All 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. Eighteen patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Comments provided included the following:

- 'Very helpful staff.'
- 'I have an illness and this is taken into consideration.'

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. Eleven staff indicated they were very satisfied with this aspect of care and two indicated they were satisfied.

Staff spoken with during the inspection concurred with this. Comments provided included the following:

- 'Patients are kept fully informed on their care and it is always tailored to their individual needs. All information is treated in a confidential manner and this confidentiality is well respected by all members of staff.'
- 'All patients are treated with dignity and respect at all times.'

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.

Mrs Reid is the nominated individual with overall responsibility for the day to day management of the practice. Mr Mark Tosh, registered person, monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits were available for inspection.

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

Mrs Reid 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.

Mrs Reid demonstrated a clear understanding of her role and responsibility in accordance with legislation. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they felt that the service is well led. Nineteen patients indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. Comments provided included the following:

- 'Excellent staff.'
- 'Staff very courteous, obviously well trained.'

All submitted staff questionnaire responses indicated that they felt that the service is well led. Eight staff indicated they were very satisfied with this aspect of the service and five indicated they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- 'Practice manager is extremely approachable and only too happy to help out in any way. In fact all of the staff are very helpful and supportive. We are aware of the systems in place for reporting any issues/concerns and the practice complaints policy.'
- 'Unaware of learning outcomes being shared from audits but at practice meetings problems are discussed, addressed and changes implemented. New management has already brought significant changes in this area.'

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Lyndsey Reid, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Independent.Healthcare@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

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

Area for improvement 1 Ref: Regulation 19 (2) (d) Schedule 2, as amended Stated: First time	The registered person shall ensure that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is provided for the identified staff member and should be sought and retained for any staff, including self-employed staff, appointed in the future. Ref: 6.4
To be completed by: 31 August 2017	Response by registered person detailing the actions taken: I have been working on this information and intend to complete this as soon as possible.

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

Area for improvement 1 Ref: Standard 11.3 Stated: First time To be completed by: 31 August 2017	A record of induction should be completed for any new person commencing work in the practice. The record of induction should be retained and available for inspection. Ref: 6.4 Response by registered person detailing the actions taken: Inductions will be provided for all new staff members in the future.
Area for improvement 2 Ref: Standard 11.1 Stated: First time To be completed by: 31 August 2017	The registered person shall ensure a staff register is provided and containing staff details, including: name; date of birth; position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable. The staff register should be kept up-to-date. Ref: 6.4 Response by registered person detailing the actions taken: I will provide all information for future.
Area for improvement 3 Ref: Standard 15.3 Stated: First time To be completed by: 31 August 2017	The registered person shall ensure that policies and procedures for the safeguarding and protection of adults and children at risk of harm are provided which are reflective of best practice guidance. A copy should be provided to RQIA upon return of the QIP. Ref: 6.4 Response by registered person detailing the actions taken: Completed

Area for improvement 4 Ref: Standard 13.2 Stated: First time To be completed by: 31 August 2017	The registered person should provide evidence that all the recommendations stated within the legionella risk assessment dated 27 October 2016, have been addressed. An area for improvement against the standards has been made in this regard. Ref: 6.4 Response by registered person detailing the actions taken: Completed
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Please ensure this document is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address*



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