The Regulation and Quality Improvement Authority

RQIA Provider Guidance 2024-2025

Independent Health Care

Dental Practices

www.rqia.org.uk

What we do

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

Through our programme of work, we provide assurance about quality of care; challenge poor practice; promote improvement; safeguard the rights of service users; and inform the public through the publication of our reports. RQIA has four main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the Strategic Planning and Performance Group (SPPG), HSC trusts and agencies - through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.
- We support establishments and service providers to improve the service they deliver.

All work undertaken by RQIA is focused on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

RQIA registers, inspects and supports a wide range of health and social care services. These include: nursing; residential care; and children's homes; domiciliary care agencies; day care settings/centres; independent hospitals; independent clinics; independent medical agencies; nursing agencies; residential family centres; adult placement agencies; voluntary adoption agencies; school boarding departments and young adult supported accommodation (inspected only).

The four domains

How we will inspect

We will inspect every dental practice at least once in every 24 month period. Our inspectors are most likely to carry out an announced inspection, however from time to time we may carry out an unannounced inspection in response to concerns that may be raised with us.

When we inspect a dental practice, we aim to provide assurances in respect of the standard, quality and safety of services delivered. We do this by:

- seeking the views of the people who use the service, or their representatives
- talking to the management and other staff on the day of the inspection
- examining a range of records including care records; incidents; complaints and policies
- providing feedback on the day of the inspection to the manager on the outcome of the inspection
- providing a report of our inspection findings and outline any areas for quality improvement

Our inspections are 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
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2022
- The Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011)

The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005 will be effected by the Regulation and Improvement Authority (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2022, which came into operation on 1 May 2022. This has changed the minimum frequency of inspections to dental practices from once each year to once in every 24 month period.

The 2024/25 inspections will focus on the following areas:

- Recruitment and selection of staff
- Staff training
- Management of medical emergencies
- Arrangements in respect of conscious sedation, if applicable
- Infection prevention and control (IPC)
- Decontamination of reusable dental instruments
- Management of operations in response to COVID-19 pandemic
- Radiology and radiation safety
- Governance arrangements and review of the Regulation 26 report, as applicable
- Management of complaints and incidents
- Environmental safety
- Gathering views and opinions of patients
- Quality assurance arrangements (audits and sharing learning) and follow up of any other relevant intelligence
- Review of areas for improvement identified during the previous care inspection (if applicable)

While the announced inspection is focused, RQIA reserve the right to review any part of the operation of the practice within the regulatory framework.

The most recent provider guidance in respect of the maintenance and upkeep of the premises and the management of medicines are also available on our website and are currently under review. These documents should be reviewed to ensure compliance with the minimum standards and legislation.

While we assess the systems and processes in place to support dental practitioners to provide safe, effective, and compassionate services we do not assess the actual quality of dentistry provided by individual dentists.

What we look for when we inspect

To help us to report on whether care is safe, effective, compassionate and well led, we will look for evidence against the following indicators.

Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Indicator S1
There are, at all times, suitably qualified, competent and experienced persons working in the service in such numbers as are appropriate for the health and welfare of service users.

Examples of evidence

Staffing

- There are sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.
- There are arrangements in place for maintaining a record of the shifts worked by each staff member to include a record of the hours worked by each person.
- There is an induction programme in place appropriate to the role.
- A system is in place to ensure staff receive annual appraisals and records are retained.
- A system is in place to ensure all staff, including visiting professionals, receives appropriate training to fulfil the duties of their role in keeping with the General Dental Council (GDC) Enhanced CPD requirements and RQIA training guidance.
- There are arrangements for monitoring the GDC registration status of all clinical staff; records should be retained for inspection.
- There are arrangements for monitoring the professional indemnity of all staff (including visiting professionals) who require individual indemnity cover; records should be retained for inspection.
- All staff providing services in the practice, including visiting professionals, should be either directly employed by the practice and have a contract of employment /agreement or have a practising privilege agreement in place.

General Medical Council (GMC) – medical practitioners

Should a registered medical practitioner provide services in the practice the following applies:

- Evidence that each medical practitioner has confirmation of identity; current GMC registration; professional indemnity insurance; qualifications in line with service provided; evidence of ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC.
- Evidence that each medical practitioner has an appointed responsible officer (RO).
- Arrangements to link into the wider system of RO's for doctors with practising privileges who work in other parts of the Northern Ireland (NI) healthcare system or in other healthcare systems beyond NI.
- Arrangements are in place to ensure that any newly appointed medical practitioner has notified their aligned RO of their new position.
- Evidence of the arrangements for revalidation.
- The medical practitioner should be aware of their responsibilities under the GMC 'Good Medical Practice' 2024 guidance document and Good practice in prescribing and managing medicines and devices'.
- Arrangements to ensure the full appraisal document for each medical practitioner is reviewed and scrutinised by the registered person before granting or renewing practising privileges and a record retained.

Recruitment and selection

- All staff (including self-employed and visiting professionals/medical practitioners) have been recruited in line with Regulation 19 (2) Schedule 2, as amended of The Independent Health Care Regulations (Northern Ireland) 2005.
- There is a written policy and procedure for staff recruitment in keeping with Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.
- Staff personnel files are in keeping with Regulation19 (2) Schedule 2, as amended.
- Enhanced AccessNI checks are received prior to all new staff commencing work to include self-employed or visiting professionals.
- All staff involved in Regulated Activity with adults or Regulated Activity with children must have their enhanced AccessNI disclosure checked against the barred list in keeping with AccessNI code of practice.
- Recruitment and selection records should be retained for three years from the date of last entry in keeping with Regulation 21 (3) Schedule 3 Part II.
- An up-to-date staff register should be maintained to include all staff who have worked or who are working in the practice and retained for inspection in keeping with Regulation 21 (3) Schedule 3 Part II.

Indicator S2
The service promotes and makes proper provision for the welfare, care and protection of service users.

Examples of evidence

Safeguarding-Adult

- Policies and procedures are in line with the regional Adult Safeguarding Prevention and Protection in Partnership policy (July 2015) and Northern Ireland Adult Safeguarding Partnership Operational Handbook June 2017.
- The practice has identified an adult safeguarding champion (if required).
- There is an identified safeguarding lead and staff are aware of who the safeguarding lead is.
- The regional adult safeguarding operational procedures have been embedded into practice.
- All staff receive the relevant level of training as outlined in the RQIA training guidance for dental practice.
- Staff training should be in keeping with the Northern Ireland Adult Safeguarding Partnership Training Strategy 2013 (revised 2016)
- Staff are knowledgeable about adult safeguarding and are aware of their obligations in relation to raising concerns.
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained.
- Where shortcomings are highlighted as a result of an investigation, learning arising should be assessed, implemented and quality assured.
- Staff are familiar with their responsibilities and know how to appropriately recognise poor practice and raise concerns.

Safeguarding-Children

- Policies and procedures are in line with the regional policy Co-operating to Safeguard Children and Young People in Northern Ireland, (August 2017) and Safeguarding Board for Northern Ireland (SBNI) Procedures Manual (November 2017)(Amended October 2020).
- There is an identified safeguarding lead and staff are aware of who the safeguarding lead is.
- The regional procedures manual has been embedded into practice.
- All staff receive the relevant level of training as outlined in the RQIA training guidance.
- Staff training should be in keeping with SBNI Child Safeguarding Learning and Development Strategy and Framework 2020 – 2023.
- Staff are knowledgeable about safeguarding children and are aware of their obligations in relation to raising concerns.
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained.
- Where shortcomings are highlighted as a result of an investigation, learning arising should be assessed, implemented and quality assured.
- Staff are familiar with their responsibilities and know how to appropriately recognise poor practice and raise concerns.

Indicator S3
There are systems in place to ensure that unnecessary risks to the health, welfare or safety of service users are identified, managed and where possible eliminated.

Examples of evidence

Management of medical emergencies

- Emergency medicines and equipment are available in accordance with British National Formulary (BNF) and Primary Dental Care – Equipment List (May 2020) (Updated May 2020) and Primary Dental Care Quality Standards for CPR (May 2020) (Updated May 2020).
- A robust system is in place for checking expiry dates of medicines and equipment by an identified individual.
- There is a policy in place in relation to the management of medical emergencies (to include risk assessment; training arrangements; provision of equipment; emergency medication; checking procedures; how to summon help; incident documentation and staff debriefing).
- Procedures in relation to the management of medical emergencies are in place (to include the following conditions: anaphylaxis; asthma; cardiac emergencies; epileptic seizures; hypoglycaemia; and syncope).
- Management of a medical emergency is included in staff induction and update training is provided annually.
- Staff have knowledge and understanding of managing a medical emergency.
- Arrangements are in place to access an Automated External Defibrillator (AED) within three minutes of collapse.
- Arrangements are in place to ensure the security of dental prescription forms held within the practice and by practitioners when attending patients outside of their practice in accordance with Business Services Organisation (BSO) Guidance in relation to Prescription Safety in General Dental Practices.

Conscious sedation

- A policy and procedure in relation to the management of conscious sedation is in place (to include: names of staff providing conscious sedation that includes any visiting professionals; the arrangements in respect of any visiting professionals/ anaesthetists; type of sedation provided; conscious sedation training; sedation environment; equipment for inhalation and intravenous sedation; indications for conscious sedation; preparation for sedation; sedation procedures to include pre; peri and post sedation; dealing with emergencies; record keeping and advanced planning to manage any risks that might arise due to multiple sedation cases being scheduled at the same time).
- Conscious sedation is managed in accordance with the Scottish Dental Clinical Effectiveness Programme (SDCP) Conscious Sedation in Dentistry Dental Clinical Guidance (June 2017).
- Evidence that the dental team undertaking conscious sedation has completed training in keeping with the SDCP guidance above.
- Arrangements are in place for the routine servicing/maintenance of inhalation sedation equipment including the distribution pipework.
- A nitrous oxide risk assessment is in place as directed in NIAIC alert Sept 17.
- Controlled drugs that are subject to safe custody requirements are kept in a controlled drug cabinet that complies with The Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973, if applicable.
- Controlled drugs are ordered and retained by the individual dentists.
- When required a controlled drugs register is in place for each individual dentist.
- Standard operating procedures (SOP) are in place for all controlled drugs. Guidance book to support the development of a Controlled Drugs* Standard Operating Procedure for Dental Practices in Primary Care.
- In respect of intravenous sedation low strength Midazolam 1mg/1ml is used.
- Midazolam 1mg/ml is stored in a lockable drawer or cupboard.
- A stock balance/reconciliation system is in place for Midazolam.
- Antagonist/reversal medication is retained and immediately accessible.

- Accurate and contemporaneous entries are made on the clinical records of every patient receiving conscious sedation as detailed in the SDCP guidance (to include the rationale for the use of conscious sedation and detail a full assessment of all clinical risks).
- Clinical records must demonstrate that patients have been provided with clear information including the details of drugs used in order to demonstrate that informed consent has been obtained.
- The patient is provided with written information about the sedation options, proposed technique, dental treatment, benefits and risks (age appropriate)
- Written consent for conscious sedation includes the name of the drugs to be administered and also the potential antagonistic drug (as relevant) in order to demonstrate that informed consent has been obtained in advance of the procedure
- The clinical record must include the names of the all GDC/GMC registrants involved during the conscious sedation procedure.
- Patient observations are appropriately recorded during all treatments involving conscious sedation.

Infection prevention and control (IPC) and decontamination procedures

- The environment is clean and clutter free.
- IPC and decontamination policies and procedures are in place in keeping with The Northern Ireland Regional Infection Prevention and Control Manual, Health Technical Memorandum (HTM) 01-05 Decontamination in primary dental care practices, HTM 07-01 Safe management of healthcare waste and HTM 01-04 Decontamination of linen for health and social care.
- Records of staff training are retained.
- Records of hepatitis B vaccination status of clinical staff are retained.
- IPC and decontamination leads are identified.
- Staff have knowledge and understanding of IPC procedures in line with best practice.
- Staff have knowledge and understanding of the decontamination process including periodic testing of decontamination equipment and storage of instruments in accordance with HTM 01-05.
- Decontamination equipment is validated in accordance with HTM 01-05.
- The decontamination room is laid out and operates in line with HTM 01-05.
- The Infection Prevention Society (IPS) HTM 01-05 audit is completed every six months and an action plan for compliance is devised, if applicable.
- Sharps injuries are managed in keeping with Managing sharps incidents in dental practices.
- Sharps use is in keeping with The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013.

COVID-19

- Staff should have knowledge and understanding and adhere to the most up to date DoH guidance.
- Arrangements are in place to routinely review the websites listed below:
- Public Health Agency (PHA) Covid-19 webpage**:** https://www.publichealth.hscni.net/covid-19-coronavirus
- Northern Ireland (NI) direct Covid-19 webpage: https://www.nidirect.gov.uk/campaigns/coronavirus-covid-19

Radiation safety

- There are arrangements in place to comply with The Ionising Radiations Regulations (Northern Ireland) 2017, The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018 and FGDP Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.
- A radiation protection file is available and includes all relevant documentation (e.g. local rules; employers' procedures; audits; and quality assurance).
- The practice has appointed a radiation protection advisor (RPA) and medical physics expert (MPE).
- There is an identified radiation protection supervisor (RPS) for the practice.
- The 'Employer' (responsible individual) must ensure that written procedures are in place in respect of those matters described in The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018.
- The 'Employer' must ensure that the employer's procedures outline the arrangements for entitlement, to include who they have nominated to entitle other GDC registrants in the practice to act as duty holders.
- A critical examination is undertaken on installation of new or repositioned x-ray equipment and a report provided by the RPA.
- A quality assurance test is undertaken by the appointed RPA every three years.
- Most recent RPA report (within the last three years) is available and evidence is retained that any recommendations made within the report have been implemented and assured.
- Local rules in keeping with The Ionising Radiations Regulations 2017 are displayed on or near each x-ray unit.
- All relevant staff have signed to confirm they have read and understood the radiation protection file including local rules and employer's procedures.
- Servicing and maintenance of radiology equipment is in keeping with manufacturer's instructions.
- Six monthly x-ray quality audits and annual justification and clinical evaluation recording audits have been undertaken. Any findings/learning arising from audits are implemented and assured.
- Rectangular collimation is in use.

Is care compassionate?

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

Indicator C1
There is a culture/ethos that supports the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

Examples of evidence

- Staff can demonstrate how confidentiality is maintained.
- Staff can demonstrate how consent is obtained in accordance with GDC standards and DOH Consent for examination, treatment or care guidance.
- Discussion with staff and observation of interactions demonstrate that patients are treated with dignity and respect.
- There is a suitable location for private consultation.
- There are arrangements in place to assist patients with a disability or who require extra support.
- There is a policy and procedure on maintaining confidentiality which is regularly assured.

Indicator S4
The premises and grounds are safe, well maintained and suitable for their stated purpose.

Examples of evidence

Environment

- The practice is clean, clutter free, warm and pleasant.
- There are no obvious hazards to the health and safety of patients and staff.
- There are arrangements in place in relation to maintaining the environment (e.g. servicing of lift/gas/boiler/fire detection systems/fire-fighting equipment; fixed electrical wiring installation; legionella risk assessment).
- Arrangements are in place to ensure that environmental risk assessments are reviewed on an annual basis. Any findings/learning arising from risk assessments should be implemented and assured.
- Arrangements are in place to ensure that ventilation systems are installed and approved by a competent person, in line with Part A of (HTM 03-01) – Specialised ventilation for healthcare premises and maintained in keeping with Part B of (HTM 03-01) - Specialised ventilation for healthcare premises.

Is care effective?

The right care, at the right time in the right place with the best outcome.

Indicator E1
The service responds appropriately to and meets the assessed needs of the people who use the service.

Examples of evidence

Clinical records

- Arrangements are in place for maintaining and updating clinical records.
- Arrangements are in place to review and update patients' medical histories.
- Routine dental examinations include a process to check for gum disease and oral cancers.
- The treatment plan is developed in consultation with the patient and includes information about the costs of treatment, options and choices.
- Record keeping is in accordance with legislation, standards and best practice guidance GDC standards, and GMGR records management
- A record keeping policy and procedure is available which includes the arrangements in relation to the creation; storage; recording; retention and disposal of records and data protection.
- Records are securely stored – electronic/hard copy.
- A freedom of information publication scheme is in place.
- The practice is registered with the Information Commissioners Office (ICO).
- The practice has arrangements in place to comply with the Guide to the General Data Protection Regulation (GDPR) legislation.

Health promotion

- The practice has a strategy for promoting oral health and hygiene.
- There is evidence of the arrangements for promoting oral health.

Indicator E2
There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Examples of evidence

- A range of audits, including clinical audits, are undertaken routinely and any actions identified for improvement are implemented into practice.

Indicator E3
There are robust systems in place to promote effective communication between service users, staff and other key stakeholders.

Examples of evidence

- Written procedures are in place for onward referral in respect of specialist treatments e.g. sedation; orthodontics; oral surgery and oral cancers.
- A system is in place for breaking bad news to patients in the context of dentistry.
- There is an open and transparent culture that facilitates the sharing of information.
- Patients are aware of who to contact if they want advice or have any issues/concerns.
- Staff meetings are held on a regular basis and minutes are retained.
- Staff can communicate effectively.
- Learning from complaints/incidents/near misses is effectively disseminated to staff, implemented and assured.

Indicator C2
Service users are listened to, valued and communicated with, in an appropriate manner.

Examples of evidence

- There are arrangements in place to support patients to make informed decisions.
- There are arrangements for providing information in alternative formats/interpreter services, if required.

Indicator C3
There are systems in place to ensure that the views and opinions of service users, and or their representatives, are sought and taken into account in all matters affecting them.

Examples of evidence

- Patient consultation (patient satisfaction survey) about the standard and quality of care and environment is carried out at least on an annual basis.
- The results of the consultation are collated to provide a summary report.
- The summary report is made available to patients and a subsequent action plan is developed to inform and improve services.
- RQIA staff/patient questionnaire responses are reviewed and used to improve services.

Is the service well led?
Effective leadership, management and governance which creates a culture focused on the needs and the experiences of service users in order to deliver safe, effective and compassionate care.

Indicator L1
There are management and governance systems in place to ensure the overall quality and safety of services provided.

Examples of evidence

Governance arrangements

- Where the entity operating the practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, in accordance with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, arrangements are in place to ensure the registered person/nominated representative monitors the quality of services and undertakes an unannounced visit to the premises at least six monthly and produces a report of their findings (where appropriate).
- Arrangements are in place for policies and procedures to be reviewed at least every three years.
- Policies are centrally indexed, a date of implementation and planned review is recorded and they are retained in a manner which is easily accessible by staff.
- Arrangements are in place to provide evidence of appropriate review of risk assessments e.g. legionella; fire; HTM 01-05 Infection Prevention Society (IPS) audit; Control of Substances Hazardous to Health (COSHH).
- Arrangements are in place in relation to medical governance (if required) in accordance with the General Medical Council (GMC) guidance document 'Effective clinical governance for the medical profession: A handbook for organisations employing, contracting or overseeing the practice of doctors'.

Complaints

- The dental service has a complaints policy and procedure in accordance with the relevant legislation and DoH Guidance in relation to the Health and Social Care Complaints Procedure (Updated April 2023).
- There are clear arrangements for the management of complaints from Health and Social Care (HSC) and private patients.
- Records are kept of all complaints and these include details of all communications with complainants; investigation records; the result of the investigation; the outcome and the action taken.
- Staff know how to receive and deal with complaints.
- Arrangements are in place to audit complaints, identify trends and improve services provided.

Statutory notification of incidents and deaths to RQIA

- The practice has an incident policy and procedure in place which includes reporting arrangements to RQIA.
- Incidents are effectively documented and investigated in line with legislation.
- All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and procedures, RQIA Statutory Notification of Incidents and Deaths.

- Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Equality

- The management have systems in place to consider equality for patients.

Indicator L2
There are management and governance systems in place that drive quality improvement.

Examples of evidence

Quality improvement

- There is evidence of a systematic approach to the review of available data and information, in order to make changes that improve quality, and add benefit to the organisation and patients.

Quality assurance

- Arrangements are in place for managing relevant alerts.
- Arrangements are in place for staff supervision and appraisal.
- There is collaborative working with external stakeholders e.g. Investors in People (IIP), British Dental Association (BDA) Good practice scheme.
- There are procedures to facilitate audit, including clinical audit (e.g. IPS; x-ray; records; incidents; accidents; complaints).
- Results of audits are analysed and actions identified for improvement are embedded into practice.

Indicator L3
There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure.

Examples of evidence

- There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all areas of the practice.
- Staff are aware of their roles and responsibilities and actions to be taken should they have a concern.
- The registered person/s have an understanding of their role and responsibilities as outlined in legislation.
- Patients are aware of the roles of staff and who to speak with if they need advice or have issues/concerns.
- The registered person/s is kept informed regarding the day to day running of the practice.
- There are opportunities to raise staff awareness through training and education regarding equality legislation to recognise and respond to patients' diverse needs.

Practising privileges (as required)

- There is a written agreement between the practice and the medical practitioner that sets out the terms and conditions of granting practising privileges.
- Practicing privileges agreements are reviewed at least every two years.
- There is a written procedure that defines the process for application; granting; maintenance and withdrawal of practising privileges.

Indicator L4
The registered person/s operates the service in accordance with the regulatory framework.

Examples of evidence

- The statement of purpose and patient guide are kept under review, revised when necessary and updated.
- Insurance arrangements are in place for public and employer's liability.
- Registered person/s respond to regulatory matters (e.g. notifications, reports/Quality Improvement Plans, enforcement).
- Any changes in the registration status of the service are notified to RQIA (eg: changes in the management structure, the entity of the service registered, the number of dental chairs).
- RQIA certificate of registration is on display and reflective of services provided.

Indicator L5
There are effective working relationships with internal and external stakeholders.

Examples of evidence

- Arrangements are in place for staff to access their line manager.
- Arrangements are in place to support staff (e.g. staff meetings, appraisal and supervision).
- Evidence of good working relationships and that management are responsive to suggestions/concerns.
- Arrangements are in place to effectively address staff suggestions/concerns.
- There is a raising concerns/whistleblowing policy and procedural guidance for staff.
- There is access to the Wellbeing Support for the Dental Team guidance for staff.

Inspection reports

Our inspection reports will reflect the findings from the inspection. Where it is appropriate, a Quality Improvement Plan (QIP) will detail those areas requiring improvement to ensure the service is compliant with the relevant regulations and standards as a minimum. Where no areas for improvement are identified from the inspection, this will be reflected in the report.

Once the inspection report is finalised and agreed as factually accurate, it will be made public on RQIA's website.

The Regulation and Quality Improvement Authority

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