

# Announced Care Inspection Report 3 June 2016



## Altmore Dental Practice

Service Type: Dental Service

Address: 61 Thomas Street, Dungannon, BT70 1HW

Tel No: 028 8772 2615

Inspector: Stephen O'Connor

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Altmore Dental Practice took place on 03 June 2016 from 09:55 to 12:30.

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

### **Is care safe?**

Observations made, review of documentation and discussion with Mr Aaron Major and Mrs Sarah Walls, registered persons and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. A recommendation, stated for the second time has been made in regards to the periodic tests undertaken in respect of the DAC Universal.

### **Is care effective?**

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

### **Is care compassionate?**

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

### **Is the service well led?**

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their roles and responsibilities in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the QIP within this report were discussed with Mr Aaron Major and Mrs Sarah Walls, registered persons, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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

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

### 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Aaron Major Mrs Sarah Walls	<b>Registered manager:</b> Mrs Sarah Walls
<b>Person in charge of the service at the time of inspection:</b> Mr Aaron Major Mrs Sarah Walls	<b>Date manager registered:</b> 24 September 2015
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

### 3.0 Methods/processes

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

During the inspection the inspector met with Mr Aaron Major and Mrs Sarah Walls, registered persons and two dental nurses. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

#### **4.0 The inspection**

##### **4.1 Review of requirements and recommendations from the most recent inspection dated 23 September 2015**

The most recent inspection of the establishment was an announced pre-registration care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 23 September 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	<p>It is recommended that the logbooks for the steam sterilisers are further developed to include the details of the daily automatic control test (ACT). The logbook for the DAC universal should be further developed to include the periodic tests for an S type steriliser and a washer disinfector.</p>	<b>Partially Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of steam steriliser logbooks demonstrated that the details of the daily automatic control tests have been recorded. Review of the DAC Universal logbook demonstrated that all periodic tests in respect of an S type steriliser and manufacturer's recommended tests have been recorded. However, it was confirmed that a protein residue test has not been undertaken. Mrs Walls confirmed that she discussed the periodic testing regime in regards to all decontamination equipment with a service engineer who advised that the tests they were completing were sufficient. However, as the DAC Universal is used to clean and sterilise compatible dental handpieces a washer disinfector weekly protein residue test should be undertaken and results recorded.</p> <p>This recommendation has been partially addressed and the unaddressed component has been stated for the second time.</p>	
<b>Recommendation 2</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	<p>It is recommended that clinical waste bins are pedal operated in keeping with best practice guidance.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Pedal operated clinical waste bins were observed in all clinical areas reviewed.</p>	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that plugs are removed from all dedicated hand washing basins and that overflows in all stainless steel hand washing basins are blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> All dedicated hand washing basins reviewed in clinical areas had the plugs removed and overflows blanked off using a stainless steel plate.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that advice and guidance should be sought from the Department of Health, Social Services and Public Safety (DHSSPS) Sustainable Development Engineering Branch (SDEB) regarding the tiled floors in surgeries one and two. Any recommendations made by SDEB should be addressed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Mrs Walls confirmed that she sought advice and guidance from a representative in SDEB in regards to the tiled floors in surgeries one and two. A record was retained in this regard. SDEB confirmed that replacing the tiled floors with flooring in keeping with the specifications outlined in HTM 01-05 should be included in a long-term refurbishment plan for the practice. It was confirmed that a long-term refurbishment plan has been developed and it includes new flooring in surgeries one and two.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that sharps boxes suitable for the disposal of pharmaceutical waste are provided.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Sharps boxes suitable for the disposal of pharmaceutical waste were observed in clinical areas. These were safely positioned to prevent unauthorised access and correctly labelled.</p>	<p><b>Met</b></p>

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 12.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that an overarching medical emergency policy is developed and implemented. The policy should include the following:</p> <ul style="list-style-type: none"> <li>• the arrangements for staff training;</li> <li>• a list of emergency medicines and equipment available;</li> <li>• the checking procedures for emergency medicines and equipment;</li> <li>• how to summons help in an emergency;</li> <li>• the procedure for documenting medical emergencies; and</li> <li>• the procedure to be followed in regards to staff debriefing following a medical emergency.</li> <li>•</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>It was confirmed that an overarching medical emergency policy had been developed. Review of this policy demonstrated that it was fully reflective of best practice guidance.</p>	<p><b>Met</b></p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that clear face masks suitable for use with children are provided in keeping with the Resuscitation Council (UK) guidelines.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of medical emergency equipment demonstrated that all equipment as outlined in the Resuscitation Council (UK) guidelines is available in the practice.</p>	<p><b>Met</b></p>
<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the quality assurance check of the intra-oral x-ray machine in surgery three is completed by the appointed radiation protection advisor (RPA). Any recommendations made in the RPA report should be addressed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation demonstrated that the appointed RPA completed a quality assurance check of the intra-oral x-ray machine in surgery three during September 2015. It was confirmed that recommendations made within the report have been addressed.</p>	<p><b>Met</b></p>

<b>Recommendation 9</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time	It is recommended that all appropriate staff sign a copy of the local rules to indicate that they have read and understood them.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the radiation protection file demonstrated that staff had signed the local rules to confirm they had read and understood them.	

### 4.3 Is care safe?

#### Staffing

Four 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.

Altmore Dental Practice has been appointed by the Northern Ireland Medical and Dental Training Agency (NIMDTA) as a training practice. A dental foundation year one (DF1) trainee is undergoing a current placement in the practice.

No new staff have been recruited since registration with RQIA, however, induction programme templates were in place relevant to specific roles within the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

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

#### Recruitment and selection

A review of the submitted staffing information and discussion with Mr Major and Mrs Walls confirmed that no new staff have been recruited since registration with RQIA. 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 would be sought and retained for inspection. Altmore Dental Practice has appointed an external company to oversee matters in relation to Human Resources (HR) to include the recruitment of staff.

#### 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 demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Staff were aware of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' and a copy of this new guidance was available in the practice. Mrs Walls confirmed that the overarching safeguarding policy would be updated to reflect the new regional guidance.

### **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), 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.

As discussed previously it was confirmed that the practice has developed a policy for the management of medical emergencies which fully 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 three 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, with the exception of the periodic tests for a washer disinfectant in respect of the DAC Universal. A weekly protein residue test and a daily cleaning efficacy test should be undertaken in respect of the DAC Universal. As discussed previously a recommendation, stated for the second time has been made in this regard.

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 January 2016.

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

## **Radiography**

The practice has four surgeries, each of which has an intra-oral x-ray machine.

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

A copy of the local rules was on display near each x-ray machine and as previously discussed 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 most recent RPA reports demonstrated that the recommendations made have been addressed.

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

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

## **Environment**

The environment was maintained to a 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 to include annual servicing of the oil heating burner, fire detection system and firefighting equipment, intruder alarm, and portable appliance testing (PAT) every three years.

A legionella risk assessment has been completed by an external company. Legionella control measures to include routine monitoring of sentinel water temperatures, management of Dental Unit Water Lines (DUWLs) and flushing of infrequently used outlets have been implemented and records retained.

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. Review of a fire logbook demonstrated that routine tests of the fire detection system and emergency lighting system are undertaken and recorded.

Altmore Dental Practice have recently appointed an external company to oversee matters in relation to Health and Safety to include the review of risk assessments.

Information in regards to the annual servicing of equipment and review of risk assessments has been entered onto the practice computer system. The computer system generates reminders to confirm when a service is due and when risk assessments should be reviewed.

### **Patient and staff views**

Fifteen patients submitted questionnaire responses to RQIA. Fourteen indicated that they felt safe and protected from harm; one questionnaire did not indicate a response. Comments provided included the following:

- “Excellent care and helpful staff”
- “Excellent high standard of care from Dr Major and other members of staff. All very approachable. High standard of cleanliness”

Nine staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm.

### **Areas for improvement**

The washer disinfecter periodic tests to include a daily cleaning efficacy test and weekly protein residue test should be undertaken in respect of the DAC Universal.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## **4.4 Is care effective?**

### **Clinical records**

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

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

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

Policies were available in relation to records management, data protection and confidentiality and consent. It was confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

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. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations and when appropriate they are referred to the hygienist. Models and a puppet are available for demonstration purposes when promoting oral health. A range of oral health promotion leaflets were available and oral healthcare products were also available to purchase. It was established that the practice has also held a children's information evening. Holding oral health information events is considered to be good practice.

### **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
- oral cancer audit

As discussed previously Altmore Dental Practice is an appointed training practice. The DF1 undertakes a range of audits as part of their placement. This facilitates a culture of learning and development.

### **Communication**

Mrs Walls confirmed that arrangements are in place for onward referral in respect of specialist treatments.

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 15 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- “Always provided with detailed printed treatment plan in advance of any planned treatment. You get the best care from when you arrive”
- “Very happy with all aspects of care”

All nine submitted staff questionnaire responses indicated that they felt patients get the right care, at the right time and with the best outcome for them.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

## Dignity, respect and involvement in decision making

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

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report generated during December 2015 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.

## Patient and staff views

All 15 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- “Dignity and respect are always given and we as a family are treated very well at the practice”
- “All members of staff extremely polite and helpful”
- “You are told everything that is going on”

All nine 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.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

## Management and governance arrangements

Altmore Dental Practice has been registered under the current ownership of Mr Major and Mrs Walls since 24 September 2015. Since taking ownership of the practice Mr Major and Mrs Walls have upgraded the practice computer hardware, undertaken damp proofing work and redecorated surgery one and the reception area. A decontamination lead and lead dental nurse have been identified. A number of external companies have been appointed to oversee matters in relation to payroll, human resources and health and safety. As discussed previously a refurbishment plan has been developed.

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. There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. The frequency of this exceeds best practice. 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 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. 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 Walls confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

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

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

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

### **Patient and staff views**

All 15 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- "I have no issues with the service provided"
- "Staff give me all options available and advise on what best suits me"
- "This is the best practice and staff you could wish for"
- "I have been with the practice over 50 years and seen many changes. I find the present staff well trained and helpful"
- "I feel the service is managed very well"

All nine submitted staff questionnaire responses indicated that they felt that the service is well led. The following comment was provided:

- "I have had a great start and thorough induction"

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Aaron Major and Mrs Sarah Walls, registered persons as part of the inspection process. The timescales commence from the date of inspection.

The registered persons should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered persons to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered persons will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<b>Recommendation 1</b>  Ref: Standard 13  Stated: Second time  To be completed by: 03 June 2016	The logbook for the DAC universal should be further developed to include the periodic tests for a washer disinfecter.
	<b>Response by registered person detailing the actions taken:</b>  <i>DAC carries out same periodic Tests as Washer Disinfecter as of 3/6/16.</i>



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