

Announced Care Inspection Report 31 May 2017



Blue Apple Dental and Implant Team

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 10 Railway Street, Belcoo, Enniskillen, BT93 5FJ
Tel No: 028 6638 6111
Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Blue Apple Dental and Implant Team took place on 31 May 2017 from 09:50 to 12:55.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Observations made, review of documentation and discussion with Ms Zara Doyle, practice manager 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 requirement has been made in regards to the decontamination of reusable dental instruments.

Is care effective?

Observations made, review of documentation and discussion with Ms Doyle 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 Ms Doyle 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 provider's understanding of their role and responsibility 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
Total number of requirements and recommendations made at this inspection	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Zara Doyle, practice manager, 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 QIP there were no further actions required to be taken following the most recent inspection on 25 April 2016.

2.0 Service details

Registered organisation/registered person: Oasis Dental Care David Andrew Relf	Registered manager: Ms Zara Doyle
Person in charge of the practice at the time of inspection: Ms Zara Doyle	Date manager registered: Ms Zara Doyle – acting manager
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

Oasis Dental Care is the registered provider for 16 dental practices registered with RQIA. Mr Andrew Relf is the registered person for Oasis Dental Care.

Following the previous care inspection on 25 April 2016 the practice name was changed from 'Oasis Dental Care, Belcoo' to 'Blueapple Dental and Implant Team'.

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 Ms Zara Doyle, practice manager, an associate dentist, a hygienist and a trainee dental nurse. A tour of some areas 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 25 April 2016

The most recent inspection of the establishment was an announced 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 25 April 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 38 (a) Stated: First time	The registered person must ensure that all members of the dental team providing treatment under Conscious Sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in The Provision of Dental Care (2003).	Met
	Action taken as confirmed during the inspection: Review of records confirmed that the members of the dental team providing treatment under conscious sedation have completed appropriate training. It was also confirmed that an additional dental nurse is in the process of completing conscious sedation training.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13.4 Stated: First time	The registered person should ensure that all of the details of the daily automatic control test for both sterilisers are recorded in the pre-printed logbooks in keeping with HTM 01-05.	Met
	Action taken as confirmed during the inspection: It was observed that individual pre-printed logbooks are available for each machine used to decontaminate dental instruments. Review of the steam steriliser logbooks evidenced that they are fully completed and include the details of the daily automatic control test.	
Recommendation 2 Ref: Standard 1.4 Stated: First time	The registered person should ensure that the name of the practice on the signage on the front of the building reflects the name of the practice.	Met
	Action taken as confirmed during the inspection: Following the previous inspection the name of the practice was changed from 'Oasis Dental Care, Belcoo' to 'Blue Apple Dental and Implant Team'. The signage on the front of the building reflects the name of the practice.	
Recommendation 3 Ref: Standard 11.8 Stated: First time	Following their unannounced visit to the practice the registered person at least on a six monthly basis should generate a report detailing the main findings of their quality monitoring visit, which should include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated. The report should be shared with the registered manager and be available for inspection.	Met
	Action taken as confirmed during the inspection: Ms Doyle confirmed that Mr Andrew Relf, registered person, visits the practice on a routine basis. Mr Relf's most recent report dated within the previous six calendar months was available for review during the inspection. The report fully reflects the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005.	

4.3 Is care safe?

Staffing

Three 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. A sample of three evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. Ms Doyle confirmed that the Oasis Dental Care group have an online training portal which includes core Continuing Professional Development (CPD) topics as recommended by the General Dental Council (GDC). A robust procedure is in place to identify when staff have not completed mandatory training within the specified timeframes. All staff have access to this training portal and the courses undertaken are reviewed and discussed during staff appraisals.

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 Ms Doyle confirmed that three new staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that in the main the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. The employment history and a criminal conviction declaration for one staff member was not available during the inspection, this information was forwarded to RQIA on 1 June 2017. Ms Doyle was advised that the development of a recruitment checklist may prove beneficial in ensuring that all recruitment documentation has been sought and retained.

There was a recruitment policy and procedure available. The policy was not reviewed during the inspection.

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. It was confirmed that Ms Doyle, as the safeguarding lead, has completed adult safeguarding training on the training hub. However, the training certificate did not specify the level of this training. Ms Doyle readily agreed to review the aims and objectives of the training in keeping with the aims and objectives of Level 2 training as outlined in the Northern Ireland Adult Safeguarding

Partnership (NIASP) training strategy (revised 2016). Following the inspection a copy of the NIASP training strategy was emailed to Ms Doyle.

Ms Doyle confirmed that the Oasis Dental Care group have undertaken a review of adult safeguarding arrangements and nominated Ms Kerrigan, registered manager of Oasis Dental Care Derry/Londonderry as the adult safeguarding champion for the organisation. Ms Doyle confirmed that Ms Kerrigan is in the process of completing Level 3 adult safeguarding training.

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.

One overarching policy and procedures was in place for the safeguarding and protection of adults and children at risk of harm. Ms Doyle confirmed that the policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

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.

There was a management of medical emergencies policy available. The policy was not reviewed during this inspection. 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. Ms Doyle was advised that the use of wallpaper in clinical areas is not in keeping with best practice guidance and should be reviewed during the next planned refurbishment.

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 and two 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.

During discussions with a staff member it was confirmed that on a daily basis some reusable dental instruments are not processed in the washer disinfectant. These instruments are manually cleaned and processed in an ultrasonic bath prior to sterilisation. This is not in keeping with best practice guidance. All compatible reusable dental instruments must be processed in a washer disinfectant prior to sterilisation. Manual cleaning should only be used on a temporary basis in the event of the washer disinfectant being unavailable or where the manufacturer instructions specify. This was discussed with Ms Doyle and a requirement has been made to address this.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during February 2017.

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

Radiography

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition the practice has a combined orthopan tomogram machine (OPG) and cone beam CT scanner, which is located in a separate room on the ground floor.

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

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

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

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

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

Environment

The environment was maintained to a 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 the servicing and maintenance of the oil fired central heating burner, the intruder alarm, the air conditioning system, the fire detection system and firefighting equipment. Arrangements are also in place to ensure that portable appliance testing (PAT) of electrical equipment, that the fixed electrical wiring installations and emergency lighting are inspected routinely.

It was confirmed that both the fire and legionella risk assessments have been completed by external organisations and that arrangements are in place to review these risk assessments on an annual basis.

It was confirmed that routine checks are undertaken in respect of the fire detection system. Staff demonstrated that they were aware of the action to take in the event of a fire.

Water temperatures are monitored and recorded as outlined in the legionella risk assessment.

Review of records evidenced that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels. Ms Doyle confirmed that the Oasis Dental Care group are in the process of reviewing the arrangements in respect of the written scheme of examination.

Ms Doyle confirmed that as the practice is exclusively a private practice there are no prescription pads/forms in the practice. If required a prescriptions are generated electronically, printed and signed by the treating dentist. The electronic package used to generate prescriptions is password protected, and only the dentists have access to this system. Ms Doyle confirmed that there is a written security policy 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. All 20 patients indicated that they were very satisfied with this aspect of care. Comments provided included the following:

- "Excellent staff, made feel comfortable and in good hands."
- "Yes staff are very professional and make you feel at ease."
- "Very safe."
- "Exceptionally safe and protected."
- "All very clean and lovely staff."
- "Excellent service."

- “Yes everything is explained so well, I feel totally safe.”
- “Very reassuring staff.”
- “Always very good.”

Nine staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. All nine staff indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

The practice of routinely manually cleaning reusable dental instruments must cease with immediate effect. All compatible reusable dental instruments must be processed in the washer disinfectant.

Number of requirements	1	Number of recommendations	0
-------------------------------	---	----------------------------------	---

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.

The associate dentist 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.

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. Ms Doyle 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. There were information leaflets available in regards oral health and hygiene. An oral health and hygiene display and models to demonstrate brushing techniques were available in the surgery used by the hygienist. It was confirmed that the hygienist actively promotes oral health and hygiene and that she had facilitated awareness raising sessions in local primary schools. A TV in the waiting area screens information in regards to the practice, treatments available and oral health and hygiene. An intra-oral camera was available in the practice. Ms Doyle confirmed that all new patients are given a pack that includes some products and information leaflets.

The practice has a Facebook page and website, both of which include information in regards to oral health and hygiene.

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
- environmental cleaning
- hand hygiene
- review of complaints/accidents/incidents, when applicable

Communication

The associate dentist 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 and formal 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 20 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Nineteen patients indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. Comments provided included the following:

- “Yes, my care is managed well.”
- “Excellent.”
- “Every care possible given.”
- “Excellent care right through from admin staff to the dentist.”
- “Yes happy with care.”
- “Always good advice.”

All nine 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. All nine staff indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

Dignity, respect and involvement in decision making

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

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

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

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

Patient and staff views

All 20 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Nineteen patients indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. Comments provided included the following:

- "Yes the staff are relaxed and friendly, and create a good environment of care."
- "Excellent."
- "Everyone at the practice are very good in respect to dignity and decisions affecting my care."
- "Very professional."
- "Definitely very professional."
- "Had a fear of dentists and was made feel at ease here."
- "Very good care and advice given to me."
- "XXXX is always very helpful and kind."
- "Absolutely all aspects of dental treatment discussed."

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. All nine staff indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Ms Doyle has overall responsibility for the day to day management of the practice. The 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 are available both in hard copy and electronically and it was confirmed that they are available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 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.

Ms Doyle 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.

Ms Doyle demonstrated a clear understanding of her role as practice manager. 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 20 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Nineteen patients indicated that they were very satisfied with this aspect of the service; one patient did not provide a response. Comments provided included the following:

- “The administration staff are very professional and efficient in their duties.”
- “Excellent.”
- “Well informed all the way through my treatment.”
- “Very friendly professional staff.”
- “Very well managed. All staff so lovely and helpful. Could not fault anything.”
- “The staff are very understanding and helpful with all aspects of care.”
- “I feel the good advice helps.”

All nine submitted staff questionnaire responses indicated that they felt that the service is well led. Eight staff indicated that they were very satisfied with this aspect of the service and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Zara Doyle, practice manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP **via the web portal** for assessment by the inspector.

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

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 15.3

Stated: First time

To be completed by:
7 June 2017

All compatible reusable dental instruments must be processed using an automated validated process (in a washer disinfectant) prior to sterilisation in keeping with best practice guidance. The practice of bypassing the washer disinfectant and manually cleaning reusable dental instruments prior to sterilisation must cease with immediate effect.

Response by registered provider detailing the actions taken:
The washer disinfectant is being used for every reusable dental instrument.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews