

Announced Care Inspection Report 5 July 2017



Bovally Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: Bovally House, Anderson Avenue, Limavady BT49 0TF
Tel No: 028 7776 6980
Inspector: Carmel McKeegan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with five registered places.

3.0 Service details

Registered Person: Mr Leslie McKee	Registered Manager: Mr Leslie McKee
Person in charge at the time of inspection: Mr Leslie McKee	Date manager registered: 12 September 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 5

4.0 Inspection summary

An announced inspection took place on 5 July 2017 from 10.00 to 13.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidence in all four domains. These relate to staff training and development, patient safety in respect of radiology, health promotion and engagement to enhance the patient's experience.

Three areas for improvement were identified against the regulations. One area relating to the provision of an adequate ventilation system in the decontamination room, made at the previous inspection had not been met and has been stated for a second time. It was also identified that improvement was needed to ensure an AccessNI enhanced disclosure was undertaken for any new staff member and that arrangements are made to ensure all reusable dental instruments are cleaned and sterilised using an automated process in accordance with HTM 01-05 guidance.

In addition three areas for improvement were identified against the minimum standards. These relate to: seek advice from the DHSSPS regarding the provision of an adequate ventilation system in the decontamination room, the provision of a recorded history of any fault and repair of the decontamination equipment and providing RQIA with a copy of the certificate of written scheme of examination inspection report scheduled for 28 August 2017.

Patients who submitted questionnaire responses to RQIA indicated they were very satisfied with all aspects of care and service in this practice.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr McKee, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 8 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 June 2016.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr McKee, two dental nurses and two receptionists. A tour of the premises was also undertaken.

A sample of 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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mr McKee at the conclusion of the inspection and to the practice manager by telephone on 7 July 2017.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 June 2016

The most recent inspection of the practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 8 June 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 25 (1) Stated: First time	The registered person must ensure that a ventilation system in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 to include extract ventilation on the 'dirty side' and make-up ventilation on the 'clean side' is installed in the decontamination room.	Met
	Action taken as confirmed during the inspection: Mr McKee confirmed that a ventilation system has not yet been installed. Since the previous inspection Mr McKee has researched alternative ventilation systems but has not yet	

	<p>made a decision. This area for improvement has not been met and has been stated for a second time.</p> <p>Following the inspection Mr McKee was advised to contact a representative from the Sustainable Development Engineering Branch (SDEB) at DHSSPS for advice on the ventilation system in the decontamination room. An area for improvement against the minimum standards has been made in this regard.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (6)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that emergency medicines as specified in the British National Formulary (BNF) best practice guidance document: medical emergencies in dental practices are available at all times.</p> <p>Action taken as confirmed during the inspection: Emergency medicines were provided in the practice in keeping with the BNF.</p>	Met
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p>	<p>The registered person should ensure that all staff receive refresher training in safeguarding children and adults every two years as outlined in the Minimum Standards for Dental Care and Treatment 2011.</p> <p>Action taken as confirmed during the inspection: Review of training records confirmed that all staff had completed refresher training in October 2015. Mr McKee stated that arrangements are in place for refresher training to take place in October 2017.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p>	<p>The registered person should ensure that a copy of the validation certificates for the steam sterilisers is submitted to RQIA upon return of this Quality Improvement Plan (QIP).</p> <p>Action taken as confirmed during the inspection: Records reviewed confirmed that a copy of the validation certificates for the steam sterilisers had been submitted to RQIA following the</p>	Met

	previous inspection.	
Area for improvement 3	The registered person should ensure that all x-ray equipment is serviced and maintained in keeping with the manufacturer's instructions.	Met
Ref: Standard 14.4 Stated: First time	Action taken as confirmed during the inspection: Review of records confirmed that all x-ray equipment has been serviced and maintained in keeping with manufacturer's instructions.	

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

Five 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 one 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. 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 McKee confirmed that one new staff member had been recruited since the previous inspection. A review of the personnel files for the staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. However it was observed that an AccessNI basic disclosure certificate had been undertaken and received prior to commencement of employment for the new staff member. Mr McKee was advised that an AccessNI enhanced disclosure should be sought and retained for the identified person and for any future staff appointed. An area for improvement against the regulations was made in this regard.

There was a recruitment policy and procedure available. Following the inspection, it was confirmed that the recruitment policy had been updated to ensure that an AccessNI enhanced disclosure would be sought and retained for any future staff commencing work in the practice.

Safeguarding

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

All staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Review of records demonstrated that this training had been completed in October 2015 and Mr McKee stated arrangements have been made to provide this training for all staff during October 2017. It was confirmed that Mr McKee, as the safeguarding lead, has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

It was identified that policies and procedures for the safeguarding and protection of adults and children were in need of further development to reflect the most recent regional guidance documents in relation to safeguarding adult and children. Advice and guidance was provided and on 3 August 2017 RQIA received a copy of the updated safeguarding policy by email. Review of the updated safeguarding policy confirmed the policy reflected the most recent safeguarding regional guidance documents. 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.

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

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. An automated external defibrillator was not available in the practice. However it was established that the practice has timely access to an AED, staff were knowledgeable of this arrangement and procedures had been established in this regard.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

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

The policy for the management of medical emergencies reflected best practice guidance. 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. As previously stated an area for improvement has been made for a second time to provide a ventilation system in the decontamination room in keeping with best practice guidance in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. Following the inspection Mr McKee was advised to contact a representative from the Sustainable Development Engineering Branch (SDEB) at DHSSPS, for advice on how best to provide a ventilation system in the decontamination room. Mr McKee was also provided with the email address of an SDEB representative. An area for improvement against the minimum standards has been made in this regard.

Appropriate equipment, including a washer disinfectant and two steam sterilisers, has been provided to meet the practice requirements. A review of documentation evidenced that both sterilisers used in the decontamination process had been validated on 1 September 2016. It was noted that one of the sterilisers was not working. Mr McKee confirmed that this steriliser had not been working for a number of weeks and the service engineer was booked to repair this steriliser on 7 July 2017.

It was confirmed that the washer disinfectant was not working and had not been operational since April 2017. The practice has reverted to manually cleaning reusable dental instruments prior to sterilisation. Discussion with a dental nurse evidenced that the manual cleaning procedure was in keeping with HTM 01-05. Mr McKee stated that there have been ongoing issues with the washer disinfectant regarding faults and sourcing replacement parts for the machine. The service engineer was booked to repair the machine on 7 July 2017.

On 7 July 2017, the practice manager confirmed by telephone that advice was provided that it may not be viable to repair the washer disinfectant and that a new machine may be the best option. Best practice outlines that all reusable dental instruments should be cleaned and

sterilised using an automated process. As the practice has not been processing dental instruments using a washer disinfectant since April 2017, an area for improvement against the regulations has been made.

A review of equipment logbooks evidenced that periodic tests had been completed and recorded in keeping with HTM 01-05 for one of the sterilisers. However there was no record to show the fault/repair history for the faulty steriliser or the washer disinfectant. An area of improvement against the minimum standards was made to ensure that a fault and repair history is maintained in respect of each machine involved in the decontamination process. This record should be retained within the individual logbook for each respective machine. 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 April 2017.

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

Radiography

The practice has five 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 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 undertaken on 1 May 2015 demonstrated that the recommendations made have been addressed.

On 3 August 2017 RQIA received written confirmation that the x-ray equipment had been serviced and maintained on 7 July 2017 in accordance with manufacturer's instructions.

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

Environment

The environment was maintained to a high 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 were in place for maintaining the environment, which included the annual servicing of the oil burner, intruder alarm, air conditioning system, fire detection system and

firefighting equipment. An overall practice risk assessment was in place which was reviewed annually to ensure all other risk assessments are reviewed.

A legionella risk assessment had been undertaken and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire safety training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels had been established and the most recent inspection was undertaken on 20 July 2016. On 1 August 2017 the practice manager informed RQIA by telephone that arrangements were made to have the pressure vessels inspected on 28 August 2017. A copy of the written scheme of examination inspection reports in respect of the pressure vessels should be submitted to RQIA with the returned QIP, an area of improvement against the minimum standards has been made in this regard.

Inhalation sedation is provided as required for patients in accordance with their assessed need. Mr McKee and staff confirmed that routine safety checks to the gas equipment and installation, including distribution pipework, is carried out on an annual basis by a suitably qualified and competent person and written confirmation of safety checks were maintained for inspection.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Four patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and indicated they were very satisfied with this aspect of care. The following comment was provided in a submitted questionnaire response:

- 'Brilliant practice, well looked after always.'

Eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and also indicated 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 of good practice

There were examples of good practice found in relation to staff induction, training, appraisal, safeguarding, management of medical emergencies, radiology and the environment.

Areas for improvement

An AccessNI enhanced disclosure should be sought and retained for the identified person and for any future staff appointed.

A ventilation system in in keeping with HTM 01-05 best practice guidance should be provided in the decontamination room.

Mr McKee should contact a representative from the Sustainable Development Engineering Branch (SDEB) at DHSSPS for advice and guidance in order to provide an adequate ventilation system in the decontamination room.

A washer disinfectant must be provided in the practice to ensure that all reusable dental instruments are cleaned and sterilised using an automated process in accordance with HTM 01-05 guidance. The timescale for this should be provided to RQIA.

The fault and repair history of each machine involved in the decontamination process should be recorded within the individual logbook for each respective machine.

A copy of the pressure vessels inspection reports scheduled for 28 August 2017 should be submitted to RQIA with the returned QIP.

	Regulations	Standards
Total number of areas for improvement	3	3

6.5 Is care effective?

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

Clinical records

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

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

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

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

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Discussion with Mr McKee and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of oral health information leaflets were available.

Products supplied by the British Dental Health Foundation to include a puppet and oversized tooth brushes were available to demonstrate brushing techniques to children. Samples of toothpaste and mouth wash have been distributed to patients.

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 records recording

Communication

Mr McKee and staff 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 of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All four patients indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

All 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 eight staff indicated 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 of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity, respect and involvement in decision making

Staff 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 a regular 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. Bovally Dental Practice has a Facebook page that patients can use to leave feedback and rate the service

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All four patients also indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. All eight staff indicated 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 of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. 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. 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. 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.

Mr McKee 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.

An Underperformance (whistleblowing) policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr McKee, registered person, demonstrated a clear understanding of his role and responsibility 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.

Review of the previous QIP identified that one recommendation had not been met. The registered person should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame.

Evidence gathered during the inspection has identified a number of issues which could affect the delivery of safe care, all of which have an impact on quality assurance and good governance. Three areas of improvements against the regulations and three areas of improvements against the minimum standards have been made in order to progress improvements in identified areas. It is important these are kept under review to ensure improvements are sustained.

Patient and staff views

All four patients who submitted questionnaire responses indicated that they felt that the service is well led and indicated they were very satisfied with this aspect of the service. The following comment was provided in a submitted questionnaire response.

- ‘There is a warmth and understanding which benefits the soul.’

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Leslie McKee, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure

that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 25 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 5 October 2017</p>	<p>The registered person must ensure that a ventilation system in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 to include extract ventilation on the 'dirty side' and make-up ventilation on the 'clean side' is installed in the decontamination room.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: we are waiting on an appointment to be scheduled with the sdeb</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 2, as amended</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2017</p>	<p>The registered person shall ensure that an AccessNI enhanced disclosure check is undertaken and received in respect of any new staff, including self-employed staff, prior to them commencing work in the practice.</p> <p>An AccessNI enhanced disclosure check should be completed for the identified staff member and the outcome confirmed to RQIA on return of the QIP.</p> <p>Ref:6.4</p> <p>Response by registered person detailing the actions taken: the identified member of staff who had basic access ni has applied for enhanced disclosure and we are waiting on confirmation which can take up to 10 weeks</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (3)</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2017</p>	<p>The registered person must provide RQIA with a definitive timescale for the provision of a washer disinfectant in the practice to ensure that all reusable dental instruments are cleaned and sterilised using an automated process in accordance with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practice. The timescale should be stated in the returned QIP.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: we have been waiting on henry schein to send an engineer to connect our washer disinfectant as we have waited so long we have organised an independent engineer to come next week this will insure all htm 01-05 guidance is met</p>

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 14.2 Stated: First time To be completed by: 5 September 2017	The registered person should consult with a representative from the Sustainable Development Engineering Branch (SDEB) as the DHSSPSNI, in regards to the ventilation system in the decontamination room. Any recommendations made by the SDEB representative should be outlined in the returned QIP and include the action plan to address the recommendations. Ref: 6.4
	Response by registered person detailing the actions taken: we are awaiting a reply from the sdeb to get an appointment to assess the room
Area for improvement 2 Ref: Standard 13.4 Stated: First time To be completed by: 5 July 2017	The registered person shall ensure that the fault and repair history is maintained in respect of each machine involved in the decontamination process. This record should be retained within the individual logbook for each respective machine. Ref: 6.4
	Response by registered person detailing the actions taken: this has been carried out
Area for improvement 3 Ref: Standard 14.4 Stated: First time To be completed by: 5 September 2017	The registered person shall ensure that a copy of the written scheme of examination inspection report in respect of the pressure vessels scheduled for 28 August 2017 is provided to RQIA with the returned QIP. Ref: 6.4
	Response by registered person detailing the actions taken: this has been done and sent to yourselves

Please ensure this document is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

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