

# Announced Care Inspection Report 22 February 2017



## Harper Dental Care

**Type of service: Independent Hospital (IH) – Dental Treatment**

**Address: 22 North Street, Carrickfergus, BT38 7AQ**

**Tel no: 028 9335 1418**

**Inspector: Carmel McKeegan**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Harper Dental Care took place on 22 February 2017 from 10.15 to 12.45.

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 Mr Neil Harper, registered person and staff demonstrated that further development is needed to ensure that care provided to patients is 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. One requirement has been made in relation to the revalidation of the equipment used in the decontamination process.

A recommendation, in relation to auditing compliance with the Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices, made at the previous inspection has now been stated for a second time. Five further recommendations have been made. These are to implement a formal annual appraisal process for staff, to review and update the safeguarding policies, to provide safeguarding training for staff, to ensure servicing arrangements are in place for the x-ray machine and to maintain a record of fire safety training.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr Harper 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 Mr Harper 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. One recommendation was made to further develop the complaints procedure to provide clear guidance for NHS and private patients.

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>	1	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Harper and the 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 24 March 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Harper Dental Care Mr Neil Harper	<b>Registered manager:</b> Mr Neil Harper
<b>Person in charge of the practice at the time of inspection:</b> Mr Neil Harper	<b>Date manager registered:</b> 8 February 2013
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

### 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 Harper, registered person, the practice manager and a dental nurse. The practice manager facilitated the inspection. 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 24 March 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 24 March 2016

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15(7)</p> <p><b>Stated:</b> First time</p>	<p>Establish a refurbishment programme to replace/clad over the wallpapered areas in the decontamination room, including the ceiling.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of the decontamination room confirmed that significant improvement had been made; the walls had been clad with an impervious material that facilitated effective cleaning. However the cladding did not meet the ceiling and ended at a picture rail and a few centimetres below. The ceiling wallpaper had not been removed.</p> <p>Mr Harper stated that the fitter advised that removal of the picture rail and ceiling wallpaper was not advisable as this could cause untold damage. Mr Harper confirmed that the ceiling and upper walls will be addressed during future refurbishment of this room.</p>	<p><b>Met</b></p>
Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>An action plan should be developed to progress compliance with HTM 01-05 and that the audit tool is completed six monthly.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>It was observed that an Infection Prevention Society (IPS) audit tool had been completed however the audit tool had not been dated. Staff confirmed the IPS audit had been completed following the previous inspection, however there were no records to evidence this audit had been completed six monthly.</p> <p>This recommendation had been partially addressed and has been stated for a second time.</p>	<p><b>Partially Met</b></p>

<b>Recommendation 2</b> <b>Ref:</b> Standard 13 <b>Stated:</b> Second time	Establish a refurbishment programme to ensure the new linoleum floor covering in Mr Harper's surgery is sealed at the edges and where cabinetry meets the flooring.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation confirmed that this recommendation has been addressed.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 13 <b>Stated:</b> Second time	A logbook should be established for the steriliser and periodic tests in keeping with HTM 01-05 should be undertaken and recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that a pre-printed log book had been established and was seen to be kept up to date.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 9 <b>Stated:</b> First time	A copy of the most recent patient consultation summative report should be provided to RQIA along with the completed QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that a copy of the most recent patient consultation summative report was provided to RQIA along with the completed previous QIP.	

#### 4.3 Is care safe?

##### Staffing

There are two dental surgeries in this practice, however Mr Harper confirmed only one dental surgery is operational. Discussion with Mr Harper and 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.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within the practice.

Mr Harper and staff confirmed that no formal arrangements are in place for appraising staff performance. A recommendation has been made that a system should be implemented for appraising staff performance at least on an annual basis.

Staff confirmed there was a system in place to ensure that they 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 Harper and the practice manager, confirmed that no new staff have been recruited since the previous inspection. 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.

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

### **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.

A safeguarding children and adults policy and procedure was in place. It was identified that the policies need reviewed and updated to ensure they fully reflect the new regional policy and guidance documents entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016).

Copies of the regional guidance documents were emailed to Mr Harper on 24 February 2017.

A recommendation was made that the safeguarding children and adults policies are reviewed and updated to reflect the new regional guidance.

A recommendation was also made that Mr Harper and staff should complete refresher training in safeguarding children and adults, every two years, as outlined in the Minimum Standards for Dental Care and Treatment 2011.

### **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), however it was observed that the GTN medication had exceeded the expiry date and the format of Adrenaline medication provided did not facilitate for the treatment of a child. Following the inspection RQIA received verbal confirmation that the GTN medication had been replaced and Adrenaline medication had been provided in both adult and junior format.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of an automated external defibrillator (AED). It was verified that the practice has established a formal arrangement with the local fire and rescue service, located within close proximity to the practice, to have access to the AED held at that location, should an emergency occur.

A system was in place to check emergency medicines and equipment on a monthly basis. During the inspection the emergency medicine and equipment checklist was further developed to include the expiry date of each item, 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. The unused dental surgery was discussed with Mr Harper and the practice manager as it was identified that this surgery was in need of refurbishment. Mr Harper confirmed the second dental surgery was not used nor were there any plans to use this room for the treatment of patients.

Staff confirmed they were aware of 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 and a steam steriliser have been provided to meet the practice requirements. 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.

A review of documentation evidenced that equipment used in the decontamination process had last been validated on 8 August 2014, this equipment should be revalidated on an annual basis, and a requirement has been made to address this.

As previously stated, it was observed that an IPS audit tool had been completed but had not been dated. Staff confirmed the IPS audit had been completed following the previous

inspection, however there were no records to evidence this audit had been completed six monthly. A recommendation has been stated for a second time in this regard.

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

## **Radiography**

The practice has two surgeries however Mr Harper confirmed only one dental surgery is operational, this surgery 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 and x-ray audits.

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 on 23 September 2015, demonstrated that the recommendations made have been addressed.

Records were not available to verify the x-ray machine had been serviced and maintained in accordance with manufacturer's instructions. A recommendation was made that Mr Harper should review the manufacturer's instructions and establish arrangements to ensure that the x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. The arrangements should be confirmed to RQIA in the returned QIP.

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 fair standard of maintenance and décor.

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. Portable appliance testing (PAT) had been undertaken on 16 February 2017.

A legionella risk assessment has been undertaken and water temperature is monitored and recorded as recommended.

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

Review of records confirmed the pressure vessels in the practice had been inspected in keeping with the written scheme of examination and were last inspected on 10 November 2016.

**Patient and staff views**

Sixteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were included in submitted questionnaire responses.

Two staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

**Areas for improvement**

A system should be implemented for appraising staff performance at least on an annual basis.

The safeguarding children and adults policies should be reviewed and updated to reflect the new regional guidance.

Mr Harper and staff should complete refresher training in safeguarding children and adults, every two years, as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Equipment used in the decontamination process should be revalidated at the earliest opportunity and arrangements established to ensure this equipment is revalidated annually.

An action plan should be developed to progress compliance with HTM 01-05 and the audit tool should be completed six monthly.

Mr Harper should review the x-ray machine manufacturer’s instructions and establish arrangements to ensure that the x-ray equipment is serviced and maintained in keeping with manufacturer’s instructions. The arrangements should be confirmed to RQIA in the returned QIP.

A record of fire safety training should be retained for all staff.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	6
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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 it was confirmed 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. Mr Harper and staff confirmed that oral health is actively promoted on an individual basis during treatment sessions by the dentist and the dental nurse. A range of oral health promotion leaflets were available at reception and the patients' waiting area. A range of oral healthcare products were also available to purchase.

### **Audits**

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05, as discussed
- patient consultation

### **Communication**

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

Staff meetings are held on a regular basis to discuss clinical and practice management issues. Following review of the minutes of staff meetings, Mr Harper and the practice manager were advised to provide more detail, for example, include the agenda, a summary of discussion and the outcome of discussion with an action list, as applicable. Staff spoken with confirmed that, on occasions, 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 16 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comments was provided in a submitted questionnaire:

- 'They are all very pleasant people'

Both 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. 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.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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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.

It was confirmed that following the previous inspection the practice will undertake a patient satisfaction survey on an annual basis. The most recent patient satisfaction report had been submitted to RQIA following the previous inspection and demonstrated that the practice sought the views of patients about the quality of treatment and other services provided. The practice manager confirmed that the 2017 satisfaction survey will commence next month and that patient feedback whether constructive or critical, will be used by the practice to improve, as appropriate.

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

#### Patient and staff views

All of the 16 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:

- 'I find everyone at Harper Dental Care friendly, approachable and compassionate. I attend with my 3 children who are also treated respectfully. They have no fear about going to the dentist'
- 'I am a very nervous patient, I have always been treated with kid gloves and am very appreciative of this.'

Both 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. 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.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 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.

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 a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

Review of the complaints procedure identified that further development was needed in order to provide clear guidance for NHS and private patients, and was discussed with Mr Harper and the practice manager. A recommendation was made that the complaints procedure is further developed to include the following:

- details of the Health and Social Care Board and General Dental Council (GDC) as agencies that may be utilised within the complaints investigation process
- details of the Northern Ireland Commissioner for complaints and the GDC Dental Complaints Service in the event of dissatisfaction about the outcome of the complaints investigation for NHS and private patients respectively
- the details of RQIA, as an oversight body

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.

Mr Harper and the practice manager 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.

Mr Harper demonstrated an understanding of his role and responsibility in accordance with legislation. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

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

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

### **Patient and staff views**

All of the 16 patients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comment was included in a submitted questionnaire:

- 'All staff ensure I am well informed and looked after. Very happy with all aspects of my dental care'

Both submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### **Areas for improvement**

The complaints procedure should be further developed as outlined.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## **5.0 Quality improvement plan**

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Neil Harper, registered person, 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 to [RQIA's office \(non- paperlite\)](#) 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.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b> <b>Ref:</b> Regulation 15 (2) <b>Stated:</b> First time <b>To be completed by:</b> 22 April 2017	<p>The registered provider must ensure that the equipment used in the decontamination process is revalidated at the earliest opportunity and arrangements established to ensure this equipment is revalidated on an annual basis.</p> <p>A copy of the validation certificates should be submitted to RQIA with the returned (Quality Improvement Plan) QIP.</p> <p><b>Response by registered provider detailing the actions taken:</b>  <i>Pending</i></p>
<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 13 <b>Stated:</b> Second time <b>To be completed by:</b> 22 April 2017	<p>An action plan should be developed to progress compliance with HTM 01-05 and that the audit tool is completed six monthly.</p> <p><b>Response by registered provider detailing the actions taken:</b>  <i>Appropriate action taken</i></p>
<b>Recommendation 2</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time <b>To be completed by:</b> 22 April 2017	<p>A system should be implemented for appraising staff performance at least on an annual basis.</p> <p><b>Response by registered provider detailing the actions taken:</b>  <i>Implemented.</i></p>
<b>Recommendation 3</b> <b>Ref:</b> Standard 15.3 <b>Stated:</b> First time <b>To be completed by:</b> 22 April 2017	<p>The safeguarding children and adults policy should be reviewed and updated to reflect the new regional guidance.</p> <p><b>Response by registered provider detailing the actions taken:</b>  <i>Policies updated</i></p>

<p><b>Recommendation 4</b></p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 22 April 2017</p>	<p>Mr Harper and staff should complete refresher training in safeguarding children and adults, every two years, as outlined in the Minimum Standards for Dental Care and Treatment 2011.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Acknowledged</i></p>
<p><b>Recommendation 5</b></p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p> <p>To be completed by: 22 April 2017</p>	<p>Mr Harper should review the x-ray machine manufacturer's instructions and establish arrangements to ensure that the x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. The arrangements should be confirmed to RQIA in the returned QIP.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Awaiting servicing</i></p>
<p><b>Recommendation 6</b></p> <p>Ref: Standard 12.5</p> <p>Stated: First time</p> <p>To be completed by: 22 April 2017</p>	<p>A record of fire safety training should be retained for all staff.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>undertaken.</i></p>
<p><b>Recommendation 7</b></p> <p>Ref: Standard 9</p> <p>Stated: First time</p> <p>To be completed by: 22 April 2017</p>	<p>The complaints procedure should be further developed to include the following:</p> <ul style="list-style-type: none"> <li>• details of the Health and Social Care Board and General Dental Council (GDC) as agencies that may be utilised within the complaints investigation process</li> <li>• details of the Northern Ireland Commissioner for complaints and the GDC Dental Complaints Service in the event of dissatisfaction about the outcome of the complaints investigation for NHS and private patients respectively</li> <li>• the details of RQIA, as an oversight body</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Completed</i></p>



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