

Announced Care and Variation to Registration Inspection Report 22 November 2017



Kennedy Orthodontics

Type of Service: Independent Hospital (IH) – Dental Treatment

Address: 43 Ballylesson Road, Ballymena BT42 3HW

Tel No: 028 2565 4300

Inspector: Carmel McKeegan

www.rqia.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 six registered places providing both private and NHS orthodontic treatments.

3.0 Service details

Organisation/Registered Provider: D Kennedy & Co (UK) Ltd Responsible Individual: Mr David Kennedy	Registered Manager: Ms Aine Campbell
Person in charge at the time of inspection: Mr David Kennedy	Date manager registered: 8 July 2014
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 6

Mr David Kennedy also operates two other orthodontic practices; Kennedy Orthodontics, Magherafelt, and Kennedy Orthodontics, Belfast. Ms Aine Campbell is the registered manager for both other practices.

4.0 Inspection summary

An announced inspection took place on 22 November 2017 from 14.00 to 16.45.

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).

An application for variation of the registration of the practice was submitted to the Regulation and Quality Improvement Authority (RQIA) by Mr David Kennedy, registered person. The application was for an extension containing a purpose built central decontamination room. Phil Cunningham, estates inspector, undertook a premises inspection on the same day. The report and findings of the premises inspection will be issued under separate cover.

The inspection sought to assess the application submitted for variation of the registration of the practice for an extension containing a decontamination room. The variation to registration was granted from a care perspective following this inspection.

The inspection also assessed progress with any areas for improvement identified 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 evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

There were no areas of improvement identified during this inspection.

All of the patients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr David Kennedy, registered person and Ms Aine Campbell, registered manager, as part of the inspection process and can be found in the main body of the report.

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

	Regulations	Standards
Total number of areas for improvement	0	0

4.2 Action/enforcement taken following the most recent care inspection dated 16 June 2016

No further actions were required to be taken following the most recent inspection on 16 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:

- review of the submitted variation to registration application
- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since 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 Kennedy, registered person and Ms Campbell, registered manager; the practice manager; a dental nurse who is the nominated lead with responsibility for decontamination; and a receptionist, who is also a qualified nurse. A tour of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 June 2016

The most recent inspection of the practice was an announced care inspection. There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

Staffing

Six 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. A review of a sample of one evidenced that appraisals had been completed on an annual basis. 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 Kennedy, Ms Campbell and the practice manager confirmed that one staff member has been recruited since the previous inspection. A review of the staff member's personnel file demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

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

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.

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 Mr Kennedy and Ms Campbell, as safeguarding champions, have completed formal Level 3 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). It was confirmed that all other staff have completed Level 2 training.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies 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.

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

emergency medicines and equipment. Checks are undertaken weekly which include all the emergency medicines, equipment and the first aid kit. This exceeds best practice and is to be commended.

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 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.

Since the previous inspection the premises have been extended to provide a large decontamination room separate from patient treatment areas which is dedicated to the decontamination process. This is a central decontamination unit and serves both this practice and Kennedy Orthodontics, Belfast. The room is located close to a rear exit which facilitates the delivery and discharge of the equipment containers used for transporting the dental instruments.

The nominated lead with responsibility for infection control and decontamination was present during the inspection and outlined the arrangements for the decontamination of dental instruments for this practice and from Kennedy Orthodontics, Belfast.

The new decontamination room has sufficient space to adequately serve as a central decontamination unit and facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. It was observed that the flooring was impervious and coved where it meets the walls and kicker boards of cabinetry. The room was tidy and uncluttered, cabinetry and work surfaces were intact and easy to clean.

Sharps boxes were wall mounted and safely positioned to prevent unauthorised access and had been signed and dated on assembly. Staff confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

A dedicated hand washing basin is provided and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. It was observed that laminated/wipe-clean posters promoting hand hygiene were on display. Personal protective equipment (PPE) was

readily available. The clinical waste bin was pedal operated in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

Appropriate equipment, including two washer disinfectors and three steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process had been validated on installation on 18 and 24 October 2017. 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. The room has been completed to a high standard.

Discussion with staff and review of the facilities and transport equipment provided demonstrated that robust procedures are followed to ensure the transportation of instruments outside the dental practice complies with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2007 and the Health and Safety at Work Act 1974.

Review of documentation demonstrated that a record is maintained of all instruments being transported into and out of the practice. A standard operation procedure was in place for transporting instruments from Kennedy Orthodontics, Belfast to the central decontamination unit. Heavy duty large lidded containers are used for transporting dental instruments, which are colour coded, red containers for the used instruments and blue containers for the processed instruments.

Upon receipt of the used dental instruments, the central decontamination unit nurse in charge will review the accompanying itemised consignment record which is then signed and dated.

On completion of the decontamination process, details of the dental instruments, with the respective cycle numbers of the washer disinfector and steriliser, used in the decontamination process, are recorded on the consignment record, this record is signed and dated by the central decontamination unit nurse in charge and attached to the blue transportation container ready for collection.

Discussion with staff confirmed that a system has been established to identify the days when the used instruments will arrive from Kennedy Orthodontics, Belfast and staff are able to plan for this activity.

It was confirmed that the practice continues to audit compliance with HTM 01-05 on a six monthly basis using the Infection Prevention Society (IPS) audit tool. Records were available for inspection.

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

Radiography

The practice has an intra-oral x-ray machine and an orthopan tomogram machine (OPG), which are located in a separate room.

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. Three dental nurses have the certificate in dental radiography.

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 in the x-ray room 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. The most recent report by the RPA reflected that a high standard of radiation protection is in place. Recommendations made by the RPA have been documented as being addressed.

The x-ray equipment has been serviced and maintained on 2 February 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. Housekeeping inspections are undertaken on a weekly basis.

Robust arrangements are in place for maintaining the environment. This included risk assessment reviews, fire safety equipment servicing and inspection, lift servicing, portable appliance and fixed electrical wiring testing, boiler servicing and alarm servicing.

A legionella risk assessment had been undertaken by an external company and water temperatures were monitored and recorded on a monthly basis.

A fire risk assessment had been undertaken by a fire safety consultant 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.

Pressure vessels have been inspected in keeping with the written scheme of examination of pressure vessels.

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

Eighteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care. Comments provided included the following:

- 'Care is exemplary.'
- 'Staff have always been pleasant and helpful.'
- 'Staff are absolutely amazing, friendly and always very helpful.'
- 'Yes, all staff are very polite.'
- 'Very well cared for.'
- 'Very relaxing atmosphere.'
- 'Lots of staff who you can always approach, feel very safe at all times.'

Seventeen staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comments were provided in staff questionnaires:

- 'Informative training provided throughout the year. Building very well maintained.'
- 'All staff members are given good in house and outside training to ensure all patients are protected from harm.'
- 'Sufficient training and induction is provided. Premises are well maintained and risk assessed.'
- 'Training is provided regularly and is always of a high standard.'
- 'Our practice follows guidelines that safeguard both patients and staff. As an employee I would have no issues bringing my own children knowing their care was a priority.'
- 'Our staff are very diligent in maintaining high standard of patient care. They are always eager to undertake training to develop their knowledge and increase their ability.'
- 'Staff training is of a high standard. Premises are exceptionally well maintained and fit for purpose.'
- 'Good induction and regular staff meetings.'

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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 Kennedy and Ms Campbell 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.

Electronic records are maintained and 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. Oral health promotion information was available in the waiting area and various oral health promotion leaflets, posters and models were available to promote oral health. One dental nurse has completed the certificate in oral health education and provides talks to various local groups.

Mr Kennedy, Ms Campbell and staff confirmed that oral health is actively promoted on an individual level with patients during consultations.

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
- hand hygiene
- clinical waste management
- clinical records
- review of complaints/accidents/incidents
- risk assessment

- patient satisfaction

Communication

Mr Kennedy and Ms Campbell 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 quarterly 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 excellent working relationships and there is an open and transparent culture within the practice.

A breaking bad news policy in respect of dentistry was in place.

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 18 patients indicated they were very satisfied with this aspect of care. Comments provided included the following:

- 'Always treated with the best care possible.'
- 'My daughter is very happy with her teeth shape now.'
- 'Care has been brilliant.'
- 'Son always informed of what may happen.'
- 'I was able to decide what treatment I wanted after staff discussed the options with me.'

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 staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comments were provided in staff questionnaires:

- 'I feel the patients receive a high standard of care.'
- 'Patients' interests are always paramount within this practice providing the highest standard of care.'
- 'All needs of patients in our care are met to a high standard. All treatment is safely recorded. Questionnaires to assess patient quality of care are carried out regularly throughout the year.'
- 'The needs of the patient are always put first.'
- 'Very professional. Good patient centred training.'

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

6.5 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 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.

All surgeries are located on the ground floor of the premises and are suitable for patients with a disability; a disabled access toilet is also provided for patient use. Braille signage is also provided and an interpreter service is available for patients who require this service.

The practice undertakes a patient satisfaction survey every six months. 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.

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 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All 18 patients also indicated that they were very satisfied with this aspect of care. Comments provided included the following:

- 'The service and support at this practice is second to none.'

- ‘I have two girls attending the clinic and they feel so at ease attending, they are very nervous attending the normal dentist but here they like coming. Treated with total respect.’
- ‘More than happy with the care I have been given, great team.’
- ‘Treatment was carried out to the highest standard.’
- ‘Yes made to feel very welcome.’
- ‘Treated fantastically at Kennedy’s.’

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 and staff indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comments were provided in staff questionnaires:

- ‘All patient information is kept strictly confidential. Patients are very involved in decisions and always told the pros and cons.’
- ‘All patients are fully involved in making decisions as to which treatment they would like. Questionnaires are given out every year asking many questions about our service. This helps us to make improvements where needed.’
- ‘Dentists always inform and involve patients throughout their treatment.’
- ‘Patient consent is top priority in all aspects of treatment, they are fully involved with all decisions throughout the whole treatment. All information is kept confidential and regular questionnaires are used to ensure all patient thoughts and queries are assessed and dealt with accordingly.’
- ‘Patients are always well informed of treatment requirements and the progress of their treatment.’
- ‘Our clinicians have great patient ethics. They treat everyone with the same care and compassion.’
- ‘Patient care is central to Kennedy Orthodontics.’
- ‘Our staff are very good at treating patients with respect.’

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

6.6 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 the nominated individual with overall responsibility for the day to day management of the practice.

The practice has attained Investors in People (IIP) at gold level and is also a member of the British Dental Association (BDA) Good Practice Scheme.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments at least on an annual basis.

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

Discussion with Mr Kennedy, Ms Campbell and staff confirmed that robust 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 Kennedy and Ms Campbell demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. Comments provided included the following:

- 'Excellent treatment and service always.'
- 'Excellent patient care from a very friendly and professional practice.'
- 'Staff have been brilliant with my two girls. Natasha talks both girls through every step and very friendly.'
- 'Everything was always well planned.'
- 'Brill people skill from all staff.'
- 'Staff are excellent.'
- 'Staff and care have been brilliant.'

All submitted staff questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. The following comments were provided in staff questionnaires:

- 'Line manager, is very approachable and understanding. We have to read through policies and sign them every year. I am aware of the complaints policy but thankfully I've never needed to refer to it.'
- 'Senior staff are approachable with issues or concerns. Management listen to any problems you have and deal with them very well.'
- 'We know exactly who to speak to with any sort of query or problem. All members of staff easily spoken to and any issues or questions are always dealt with accordingly. All policy folders are kept handy and staff know where they are if needed. Audits are taken as required and all staff are updated as needed.'
- 'Policies and procedures are kept up to date and are available to read readily.'
- 'Clinicians are very focused on providing the same care to all patients.'
- 'All staff are happy to deal with all patients' needs, all very approachable, everyone well trained in how to deal with all patients needs and questions.'
- 'Good communication and openness.'

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

6.7 Conclusion

The variation to registration of the practice for an extension containing a decontamination room was granted from a care perspective following this inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required nor included as part of this inspection report.



The Regulation and
Quality Improvement
Authority

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