

Announced Care Inspection Report 1 February 2018



Bangor Orthodontics

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

Address: 2 Bingham Lane, Bangor BT20 5DR

Tel No: 028 9127 1026

Inspector: Norma Munn

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 providing a specialised orthodontics service.

3.0 Service details

Registered Providers: Mr Conor Armstrong Mr Peter Turner Ms Judith Finlay	Registered Manager: Mr Conor Armstrong
Person in charge at the time of inspection: Mr Conor Armstrong	Date manager registered: 18 April 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 5

4.0 Inspection summary

An announced inspection took place on 01 February 2018 from 14.00 to 17.15.

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 evidenced in all four domains. These related to patient safety in respect of staff training and development, safeguarding, the management of medical emergencies, and infection prevention and control. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Two areas requiring improvement against the regulations were identified. These relate to the recruitment and selection of staff and radiology. One area for improvement against the standards was identified that relates to staff inductions.

Two thirds of the patients who submitted questionnaire responses to RQIA indicated that they were either very satisfied or satisfied with all aspects of care in this service. However one third indicated that they were either undecided or unsatisfied.

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	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Armstrong, 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 03 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 March 2017.

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 Armstrong, Mr Turner and Ms Finlay, registered persons, an associate dentist, two dental nurses and a receptionist. 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

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 Armstrong, registered person, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 03 March 2017

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 03 March 2017

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 13 (1) Stated: First Time	The registered persons must review the overall management structure of the practice, including roles and responsibilities to address the issues identified during the inspection which includes reporting arrangements and staffing levels.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Armstrong and staff confirmed that the overall management structure of the practice had been reviewed, resulting in more clearly defined roles and responsibilities of staff.	

<p>Area for improvement 2</p> <p>Ref: Regulation 15(2)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that all equipment used in the decontamination process is validated on an annual basis.</p> <p>On completion a copy of the validation certificates for the identified sterilisers should be submitted to RQIA with the returned (Quality Improvement Plan) QIP.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Following the previous inspection copies of the validation certificates were submitted to RQIA to evidence that the identified sterilisers had been validated. Discussion with Mr Armstrong, a dental nurse and a review of documentation during this inspection confirmed that all equipment used in the decontamination process had been validated annually thereafter.</p>		
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>A system should be implemented for appraising staff performance at least on an annual basis. Records should be retained and available for inspection.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff and a review of three personnel files confirmed that appraisals had been carried out on an annual basis.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 11.4</p> <p>Stated: First time</p>	<p>Records of staff training are to be retained and available for inspection.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Staff training records were retained and available for inspection.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p>	<p>Training in safeguarding adults at risk of harm and safeguarding children should be provided to all staff as outlined in the Minimum Standards for Dental Care and Treatment (2011).</p> <p>The new regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to</p>	<p>Met</p>

	Safeguard Children and Young People in Northern Ireland' (March 2016) should be included in the training provided.	
<p>Area for improvement 4</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p>	<p>The policies and procedures in respect of safeguarding children and adults at risk of harm and abuse should be updated to ensure they fully reflect the regional policies and guidance documents.</p> <p>The name of the nominated individual responsible for safeguarding should be included and once updated the policies and procedures should be shared with staff.</p> <p>Action taken as confirmed during the inspection: A review of the policies and procedures for safeguarding children and adults confirmed that they had been updated to reflect the regional policies and guidance documents.</p> <p>Mr Armstrong was advised to include a list of the types and indicators of abuse to both policies.</p> <p>The name of the nominated individual responsible for safeguarding was included.</p> <p>Mr Armstrong confirmed that the policies had been shared with staff.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p>	<p>Establish arrangements to ensure that the x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.</p> <p>Action taken as confirmed during the inspection: Mr Armstrong confirmed that the orthopan tomogram machine (OPG) in operation during</p>	Met

	<p>the previous inspection had been serviced.</p> <p>Since the previous inspection a new OPG had recently been installed and Mr Armstrong confirmed that a critical examination had been carried out by the installer. However, the critical examination report was not available to review and there was no evidence that the appointed radiation protection advisor (RPA) had endorsed the report. This is discussed further in Section 6.4 of this report.</p>	
<p>Area for improvement 6</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p>	<p>Fire safety training should be provided for all staff on an annual basis.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff and a review of training records confirmed that fire training had been recently undertaken during December 2017 and fire wardens had been appointed. Mr Armstrong has provided assurances that fire training will be provided for all staff on an annual basis.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 1</p> <p>Stated: First time</p>	<p>The statement of purpose should be reviewed and updated in line with the registration of the practice.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The statement of purpose had been updated since the previous inspection. Mr Armstrong was advised to further update the statement of purpose to fully reflect the recent change to the registered persons in the practice.</p>	<p>Met</p>

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 were 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. Mr Armstrong confirmed that induction programmes had been completed when new staff joined the practice however completed induction records had not been retained in respect of two newly recruited staff members. This was discussed with Mr Armstrong and an area for improvement against the standards has been made in this regard.

Two members of staff had indicated in the returned questionnaires that appraisals had not taken place. However, since the questionnaires had been submitted Mr Armstrong and staff confirmed that appraisals had commenced. A review of a sample of three evidenced that appraisals had been completed during January 2018. 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 Armstrong confirmed that two staff had been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

A criminal conviction declaration and a full employment history had not been sought and retained in both of the files reviewed and written references had not been sought and retained in one of the files reviewed. It was advised that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for any new staff employed. An area for improvement against the regulations has been made in this regard.

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 the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included some of the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. As discussed, Mr Armstrong was advised to include a list of all the types and indicators of abuse in both policies. 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 Co-operating to Safeguard Children and Young People in Northern Ireland and the regional guidance document Adult Safeguarding Prevention and Protection in Partnership were 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). A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the HSCB. Mr Armstrong and Mr Turner have given assurances that Buccolam will be administered safely in the event of an emergency and that sufficient doses will be provided as recommended by the HSCB and in keeping with the BNF. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

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

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 advised to remove the two fabric covered chairs from the identified surgery and ensure that the identified sharps boxes are signed and dated on assembly and when closed.

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 with responsibility for infection control and decontamination.

Two decontamination rooms separate from patient treatment areas and dedicated to the decontamination process were available. Appropriate equipment, including two washer disinfectors and four steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool.

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

Radiography

Since the previous inspection a new OPG machine had been recently been installed which is located in a separate room to the surgeries. Mr Armstrong confirmed that a critical examination had been carried out by the installer. However, the critical examination report was not available to review and there was no evidence that the RPA had endorsed the report. Mr Armstrong was advised that the newly installed OPG machine must not be operational until the critical examination report has been reviewed and endorsed by the RPA and any recommendations made addressed. An area for improvement against the regulations has been made in this regard.

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 x-ray audits and digital x-ray processing.

A copy of the local rules was on display near the OPG 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 RPA completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

Mr Armstrong confirmed that a system is in place to ensure that the new OPG will be serviced and maintained in accordance with manufacturer's instructions.

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

Environment

The environment was maintained to a good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas and a colour coded cleaning system was also in place.

Arrangements were in place for maintaining the environment. This included the servicing of the fire detection systems and fire-fighting equipment.

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

A fire risk assessment had been undertaken and as discussed 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.

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

Nine patients submitted questionnaire responses to RQIA. Six patients indicated they were very satisfied that their care was safe and three indicated they were unsatisfied.

Seven staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Four staff indicated they were very satisfied with this aspect of care and three indicated they were satisfied. Staff spoken with during the inspection concurred with this. Two comments were provided were in relation to appraisals not being carried out. As discussed, since the questionnaires were completed, appraisals had been undertaken and Mr Armstrong confirmed that all staff will receive an appraisal on at least an annual basis.

Areas of good practice

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

Areas for improvement

All the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for all staff, including self-employed staff, who commence work in the future.

The critical examination check carried out by the installer in respect of the newly installed OPG should be reviewed and endorsed by the RPA prior to use. On receipt of the RPA report, any recommendations made should be actioned and a record retained to evidence this.

An induction should be completed for any new staff recruited in the future and a record of this should be retained.

	Regulations	Standards
Total number of areas for improvement	2	1

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.

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was information displayed on the notice board in the waiting area and a range of information leaflets were available in regards to health promotion. Mr Armstrong confirmed that oral health is actively promoted on an individual level with patients during their 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
- review of complaints/accidents/incidents

Communication

Mr Armstrong confirmed that patients are referred to the practice for orthodontic treatment.

Staff meetings are held on a regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

Four patients who submitted questionnaire responses indicated that they were very satisfied that their care was effective; two patients indicated that they were satisfied; two indicated they were unsatisfied; and one was undecided.

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. Three staff indicated they were very satisfied with this aspect of care and four indicated they were satisfied. Staff spoken with during the inspection concurred with this.

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 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 ensures that patients understand what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report dated October 2017 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.

Patient and staff views

Four patients who submitted questionnaire responses indicated that they were very satisfied that they have been treated with compassion; two patients indicated that they were satisfied; two indicated they were unsatisfied and one was undecided.

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. Four staff indicated they were very satisfied with this aspect of care and three indicated they were satisfied. Staff spoken with during the inspection concurred with this.

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

Since the previous inspection the overall management structure of the practice has been reviewed resulting in clearly defined roles and responsibilities for staff. 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.

Mr Armstrong, Mr Turner and Ms Finlay are the registered persons and Mr Armstrong is also the registered manager. Mr Armstrong is the 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.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr Armstrong 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 Armstrong demonstrated a clear understanding of his role and responsibility in accordance with legislation. It was confirmed that the statement of purpose and patient's guide have been revised and updated and are available on request. As discussed the statement of purpose

needs to be further updated to reflect the most recent change to the registered persons in the practice.

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

Six patients who submitted questionnaire responses indicated that they were very satisfied that their care was well led. Two patients were unsatisfied and one patient was undecided. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that the service is well led. Two staff indicated they were very satisfied with this aspect of the service, one indicated they were satisfied and one did not indicate a response. Staff spoken with during the inspection concurred with this.

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 Armstrong, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons/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 person 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 providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time To be completed by: 02 February 2018	The registered persons shall ensure that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff including self-employed staff, who commence work in the future. Ref: 6.4 Response by registered person detailing the actions taken: The relevant information will be gathered for all new starts.
Area for improvement 2 Ref: Regulation 15 (1) (2) Stated: First time To be completed by: 02 March 2018	The registered persons shall ensure that the RPA completes a report of the critical examination check carried out by the installer for the newly installed OPG machine prior to use. On receipt of the RPA report, any recommendations made by the RPA should be actioned and a record retained to evidence this. Confirmation that this issue has been actioned should be provided to RQIA as a matter of urgency. Ref: 6.2 and 6.4 Response by registered person detailing the actions taken: On the findings of the critical examination report the RPA has advised that the OPG can now be used.

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 11.3 Stated: First time	The registered persons shall ensure that an induction is completed for any new staff recruited in the future and a record of this should be retained. Ref: 6.4
To be completed by: 02 February 2018	Response by registered person detailing the actions taken: The new staff did complete their induction week however a record of this was not kept. This will updated for future staff joining.

Please ensure this document is completed in full and returned via Web Portal



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