



The Regulation and
Quality Improvement
Authority

Announced Care Inspection Report 19 September 2016



Mountpottinger Dental Practice

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

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www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Mountpottinger Dental Practice took place on 19 September 2016 from 09:55 to 13:25.

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 Mrs Joann Ferguson, registered manager, and staff demonstrated that a number of issues need to be addressed 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. Three requirements and one recommendation were made as a result of the previous care inspection. Discussion with Mrs Ferguson and review of documentation demonstrated that two of the three requirements had been fully addressed. The requirement in relation to staff personnel files and the recommendation made in relation to the provision of an automated external defibrillator (AED) have either been partially met or not met. A recommendation has been made during this inspection in relation to staff personnel files and a requirement has been made in relation to the provision of an AED. An additional requirement and three recommendations have been made during this inspection. The requirement is in relation to the cycle parameters in respect of the steam steriliser. The recommendations are in relation to retaining professional indemnity records, safeguarding refresher training and establishing arrangements to ensure the x-ray machines are serviced in accordance with manufacturer's instructions.

Is care effective?

Observations made, review of documentation and discussion with Mrs Ferguson and staff demonstrated in general 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. One recommendation has been made in relation to staff meetings.

Is care compassionate?

Observations made, review of documentation and discussion with Mrs Ferguson 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 identified that a number of issues need to be addressed to ensure that effective leadership and governance arrangements are in place and to create a culture focused on the needs of patients in order to deliver safe and effective 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 managers understanding of their role and responsibility in accordance with legislation. As discussed above a number of issues were

identified within the domains of is care safe and is care effective, which relate to quality assurance and good governance. A requirement has been made that the registered person must ensure that there is a nominated individual working within the practice with overall responsibility for the day to day management of the practice. As a result of the issues identified during this inspection a requirement has been made that the registered person or nominated individual undertakes unannounced visits to the establishment and produces a report detailing the main findings of their quality monitoring visit in keeping with Regulation 26 (4) (c) of The Independent Health Care Regulations (Northern Ireland) 2005.

There is a lack of governance arrangements within the practice and the requirements and recommendations made during this inspection must be actioned to ensure improvements are made. It is also important that these are kept under review to ensure that improvements are sustained.

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Joann Ferguson, registered 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 17 August 2015.

2.0 Service details

Registered organisation/registered person: Dental World Limited Mr Robert McMitchell	Registered manager: Mrs Joann Ferguson
Person in charge of the practice at the time of inspection: Mrs Joann Ferguson	Date manager registered: 04 July 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 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 and complaints declaration. No completed patient or staff questionnaires were returned to RQIA prior to the inspection.

During the inspection the inspector met with Mrs Joann Ferguson, registered manager, Miss Linda McVey, Dental World Ltd group representative, Ms Hazel Beaudin, compliance manager for the Smart Dental Care group, an associate dentist, a dental nurse and a receptionist. A tour of some areas of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

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

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17 August 2015

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 17 August 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) (d) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to commencement of employment of any new staff.</p> <p>AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.</p> <p>Action taken as confirmed during the inspection: Review of staffing information submitted to RQIA prior to the inspection evidenced that one new staff member has commenced work in the practice since the previous inspection. Review of the identified staff member's personnel file evidenced that an AccessNI enhanced disclosure check has been received prior to them commencing work in the practice. Review of documents demonstrated that the information within the disclosure check has been appropriately recorded.</p>	<p>Met</p>
<p>Requirement 2</p> <p>Ref: 19(2)(d) and Schedule 2</p> <p>Stated: First time</p>	<p>The registered person must ensure that they have obtained all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 for all staff recruited since registration with RQIA and any new staff recruited, including the staff member who did not have a personnel file.</p> <p>Records must be retained and available for inspection.</p> <p>Action taken as confirmed during the inspection: As discussed a personnel file for one staff member was reviewed. Review evidenced that in the main records as specified within Regulation 19 (2) Schedule 2 had been sought and retained, with the exception of an employment history to include an explanation of any gaps in employment (if applicable). It was also noted that the contract of employment did not specify the date the staff member commenced work and that a record of induction had not been retained.</p>	

	These issues were discussed with Mrs Ferguson and a recommendation has been made to address them.	
Requirement 3 Ref: Article 13 (1) (2) (a) & (b) The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 Stated: First time	<p>The registered person must ensure that a full and complete application, including the relevant fee is made in respect of Mrs Joann Ferguson who is coming forward to RQIA for registration as registered manager of Mountpottinger Dental Practice.</p> <p>Action taken as confirmed during the inspection: A full and complete registered manager application in respect of Mrs Joann Ferguson was submitted to RQIA. Following review of the submitted application the registration of Mrs Ferguson was approved with effect from 4 July 2016.</p>	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.4 Stated: First time	<p>It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <p>Action taken as confirmed during the inspection: Mrs Ferguson was not able to confirm if Mr McMitchell, registered person, had sought advice and guidance from his medico-legal advisor in regards to the provision of an AED. It was confirmed that an AED is not available in the practice and that no formal arrangements are in place for the practice to get timely access to a community AED.</p> <p>This recommendation has not been addressed and a requirement has been made.</p>	Not Met

4.3 Is care safe?

Staffing

Two dental surgeries are in operation in this practice. Mrs Ferguson confirmed that the practice is in the process of recruiting a dental nurse to replace a dental nurse that resigned during July 2016. In the interim period dental nurses from within the Dental World Ltd group are providing cover in the Mountpottinger practice. Mrs Ferguson and staff confirmed that the interim arrangements in place ensure that there is 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. As discussed review of a personnel file demonstrated that a record of induction had not been retained for the most recently recruited staff member. Retaining records of induction has been included in a recommendation made in regards to staff personnel files.

Mrs Ferguson confirmed that procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. Mrs Ferguson confirmed that the Dental World Ltd group subscribes to an online training portal called Educare and that staff are encouraged to complete mandatory training using this portal.

Mrs Ferguson confirmed that a system is in place to review records confirming the General Dental Council (GDC) registration status and professional indemnity of all clinical staff. However, review of documents in relation to the professional indemnity of associate dentists evidenced that one of the indemnity certificates had expired during February 2016. Mrs Ferguson confirmed that the identified indemnity insurance policy had been renewed however a copy of the certificate had not been retained. A recommendation has been made in this regard.

Recruitment and selection

As discussed a review of the submitted staffing information and discussion with Mrs Ferguson evidenced that one staff member has been recruited since the previous inspection. A review of the personnel file for the identified staff demonstrated that in the main relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. Review of the identified staff personnel file demonstrated the following issues:

- no record of the staff members employment history (including an explanation of gaps in employment, if applicable)
- no record of induction
- it was noted that the contract of employment did not specify the date the staff member commenced work

These issues were discussed with Mrs Ferguson who advised that as the identified staff member was self-employed she personally was not as involved in the recruitment process as she would have been if the staff member had been employed directly by the Dental World Ltd group. Mrs Ferguson was advised that all documents as outlined in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained in respect of any staff working in the practice regardless of whether they are directly employed or self-employed. A recommendation has been made to address the issues identified.

Mrs Ferguson confirmed that the Dental World Ltd group have a corporate recruitment policy and procedure available which is 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.

Mrs Ferguson confirmed that staff receive training in safeguarding children and adults at risk of harm during induction and that refresher training is completed using the online training portal. Whilst records were available to confirm that some staff had completed the online refresher training there was no system in place to ensure that all staff had completed safeguarding refresher training in keeping with the Minimum Standards for Dental Care and Treatment 2011. A recommendation has been made to address this.

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

Mrs Ferguson confirmed that the safeguarding policy and procedure would be reviewed and updated to ensure it fully reflects the new regional policy and guidance documents issued during July 2015 and March 2016. Following the inspection the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 and the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 were forwarded to Mrs Ferguson by electronic mail.

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 most emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. As discussed a recommendation was made during the previous care inspection to seek advice and guidance in regards to the provision of an automated external defibrillator (AED). It was confirmed that an AED is not available in the practice and that no formal arrangements have been established for the practice to gain timely access to a community AED. A requirement has been made to address this. 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.

Mrs Ferguson confirmed that the Dental World Ltd group have a corporate policy for the management of medical emergencies which reflects best practice guidance. Protocols were available for staff reference outlining the local procedures for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

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 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 observed that a printer was attached to the steam steriliser. However, no printouts detailing the cycle parameters in respect of the steam steriliser were observed. During discussion Mrs Ferguson confirmed that the printer attached to the steam steriliser was not operational. Mrs Ferguson was informed that cycle parameters for every cycle of decontamination equipment should be retained for a minimum of two years as specified in HTM 01-05. Mrs Ferguson confirmed that they were giving consideration getting a data logger fitted to the steam steriliser rather than repairing the printer. A requirement has been made in this regard.

Mrs Ferguson confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during September 2016.

It was confirmed that the Dental World Ltd group have a range of corporate policies and procedures in place in relation to decontamination and infection prevention and control.

Radiography

The practice has two surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. It was noted that the file contained two sets of employers procedures, one set developed by the appointed radiation protection advisor (RPA) and one set developed by the practice. It was suggested that the radiation protection file is reviewed to ensure it contains current information only and historic records archived. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

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

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

The most recent certificate confirming that the x-ray equipment had been serviced and maintained was dated 01 November 2012. This was discussed with Mrs Ferguson and a recommendation has been made to ensure that x-ray equipment is serviced and maintained in accordance with manufacturer's instructions.

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

Environment

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

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

It was confirmed that arrangements are in place for maintaining the environment to include annual servicing of the fire detection system and firefighting equipment and portable appliance testing (PAT) of electrical equipment.

Mrs Ferguson confirmed that the fire and legionella risk assessments had both been undertaken by external organisations and that arrangements are in place to ensure these risk assessments are reviewed annually.

Review of records evidenced that the pressure vessels in the practice had been inspected in accordance with the written scheme of examination during June 2016.

Patient and staff views

No completed patient or staff questionnaires were returned to RQIA prior to the inspection. During discussion Mrs Ferguson confirmed that the practice had not received questionnaires and that she contacted RQIA by telephone during the week prior to this inspection to request questionnaires. Patient and staff questionnaires were received by the practice on 16 September 2016 and Mrs Ferguson confirmed that these had been distributed to staff and patients. On receipt and collation of submitted questionnaires, issues identified, if any, will be discussed with Mrs Ferguson.

Areas for improvement

Staff personnel files of any new staff recruited should include all records as specified in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A robust system should be established to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. Records should be retained for inspection.

A robust system should be established to ensure that all staff have completed refresher training in the protection of children and adults at risk of harm every two years in keeping with the Minimum Standards for Dental Care and Treatment 2011.

The practice must ensure that they have timely access to an AED in keeping with best practice guidance.

The cycle parameters for every cycle of the steam steriliser should be recorded and retained for a minimum of at least two years.

X-ray equipment should be serviced and maintained in accordance with the manufacturer's instructions.

Number of requirements	2	Number of recommendations	4
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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.

Mrs Ferguson confirmed that the Dental World Ltd group have corporate policies in relation to records management, data protection and confidentiality and consent and that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of oral health information leaflets were available in the waiting area of the practice and some oral health products are distributed to patients. Mrs Ferguson confirmed that she has presented an oral health awareness session in a local school during 2015.

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

Communication

Mrs Ferguson and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments. It was confirmed that a corporate policy and procedure and template referral letters are in place.

Mrs Ferguson confirmed that staff meetings are not held on a regular basis. Mrs Ferguson was advised that staff meetings should be held on a regular basis to discuss clinical and practice management issues and to facilitate informal/formal training. A recommendation has been made to address this. Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

As discussed no completed patient or staff questionnaires were submitted to RQIA prior to the inspection.

Areas for improvement

Staff meetings should be established and held on a regular basis and minutes retained.

Number of requirements	0	Number of recommendations	1
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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.

The practice undertakes patient satisfaction surveys twice a year. 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. It was suggested that the patient satisfaction reports should include the overall number of completed patient satisfaction surveys used to generate the report.

It was confirmed that a corporate policy and procedure was in place in relation to confidentiality.

Patient and staff views

As discussed no completed patient or staff questionnaires were submitted to RQIA prior to the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Management and governance arrangements

As discussed previously Mrs Ferguson has been the registered manager for this practice with effect from the 4 July 2016. Mrs Ferguson confirmed that she visits the practice at least once a week. However, on some occasions the visits by Mrs Ferguson are of short duration. Mrs Ferguson confirmed that there is no nominated individual working in the practice with overall responsibility for the day to day management of the practice. Discussion with staff evidenced that there was a lack of clarity regarding who was in charge on any given day. Whilst staff confirmed that if they had a concern that they would make telephone contact with Mrs Ferguson, this does not facilitate direct and rapid response should an issue be identified which needs urgent attention, for example, a fire, a medical emergency or a safeguarding issue. A requirement has been made that there must be a nominated individual working within the practice with responsibility for the day to day management of the practice and that all staff are made aware of who the nominated person is.

Mrs Ferguson confirmed that Mr McMitchell, registered person, does not undertake any clinical work in the practice. It was confirmed that although Mr McMitchell, visits the practice at regular intervals a report detailing the findings of these visits have not been generated. As a result of the issues identified during this inspection and the issue identified above in regards to the day to day management arrangements a requirement has been to establish quality monitoring visits by the registered person or nominated individual at least on a six monthly basis.

Policies and procedures were available for staff reference. Mrs Ferguson confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was 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 evidence provided in the returned questionnaire, discussion with Mrs Ferguson and review of documentation evidenced that complaints have been managed in accordance with best practice.

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.

Mrs Ferguson 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.

Mrs Ferguson demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

On 28 August 2016 RQIA placed a condition on the registration of Mountpottinger Dental Practice and a new certificate of registration was issued to the practice. The most recent certificate to include the condition on registration was observed to be displayed in the main reception area of the practice.

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

Evidence gathered during this inspection has identified a number of issues which could affect the delivery of safe and effective care, all of which have an impact on quality assurance and good governance. Four requirements and five recommendations have been made in order to progress improvements in the identified areas. There is a lack of governance arrangements within the practice and requirements and recommendations made during this inspection must be actioned to ensure improvements are sustained.

Patient and staff views

As discussed no completed patient or staff questionnaires were submitted to RQIA prior to the inspection.

Areas for improvement

The registered person or nominated individual should generate a report at least six monthly following their unannounced visit to the practice.

The registered person must ensure that there is a nominated individual working within the practice with overall responsibility for the day to day management of the practice. Staff should be made aware of who the nominated person is.

Number of requirements	2	Number of recommendations	0
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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 Mrs Joann Ferguson, registered manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to independent.healthcare@rqia.org.uk for assessment by the inspector.

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

Quality Improvement Plan

Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 15 (1) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: 19 November 2016</p>	<p>The registered person must ensure in keeping with the Resuscitation Council (UK) Minimum equipment list for cardiopulmonary resuscitation: Primary dental care (November 2013) guidance that:</p> <ul style="list-style-type: none"> • an automated external defibrillator (AED) is available in the practice or • the practice has established formal arrangements to gain timely access to a community AED <p>Response by registered provider detailing the actions taken: I acknowledge the need for this and Smart Dental are in discussions with John Behoum from Simucare. I hope to have this in place by 19/11/16</p>
<p>Requirement 2</p> <p>Ref: Regulation 15 (3)</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2016</p>	<p>A robust system should be established to ensure that the cycle parameters for every cycle of the steam steriliser are recorded and records retained for two years in keeping with HTM 01-05.</p> <p>Response by registered provider detailing the actions taken: WE Have purchased a Data Logger and are using a more robust system as the printer was unreliable. DATA Logger</p>
<p>Requirement 3</p> <p>Ref: Regulation 16 (5)</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2016</p>	<p>The registered person must ensure that there is a nominated individual working within the practice with overall responsibility for the day to day management of the practice. Staff should be made aware of who the nominated person is. The nominated person was discussed at our Practice meeting (lunchtime) and Albert Cassinaga is happy to be in charge in my absence.</p> <p>Response by registered provider detailing the actions taken: I understand and appreciate the need for this. Albert is in charge at present but I am recruiting at the minute and hope to have a strong leader in the practice.</p>
<p>Requirement 4</p> <p>Ref: Regulation 26</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2016</p>	<p>The registered person or a person nominated by them should undertake unannounced visits to the practice at least on a six monthly basis and generate a report detailing the main findings of their quality monitoring visit. The report should include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated. The report should be shared with the registered manager and be available for inspection.</p> <p>Response by registered provider detailing the actions taken: This will be carried out by Hazel Beadin by Smart Dental</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2016</p>	<p>Staff personnel files of any new staff recruited should include all records as specified in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 including the following.</p> <ul style="list-style-type: none"> • details of employment history to include an explanation of any gaps in employment (if applicable) • all details in respect of terms and conditions of employment to include commencement date should be specified in the contract of employment • a record of induction localised to the practice
<p>Response by registered provider detailing the actions taken: <i>A check list is kept in each personnel file & will continue to complete for my new staff.</i></p>	
<p>Recommendation 2</p> <p>Ref: Standard 11.2</p> <p>Stated: First time</p> <p>To be completed by: 24 October 2016</p>	<p>A robust system should be established to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. Records should be retained for inspection.</p> <p>Confirmation that the identified staff member has professional indemnity arrangements in place should be submitted to RQIA upon return of this QIP.</p>
<p>Response by registered provider detailing the actions taken: <i>Copies of all indemnities are all in the personnel files. The staff dates of renewal are monitored and have been advised to update file</i></p>	
<p>Recommendation 3</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2016</p>	<p>A robust system should be established to ensure that all staff have completed refresher training in the protection of children and adults at risk of harm every two years in keeping with the Minimum Standards for Dental Care and Treatment 2011.</p>
<p>Response by registered provider detailing the actions taken: <i>We had a lunch time learning session and covered refresher on this subject. I have also organised that the staff do the new education online course - all staff bar Chloë have completed</i></p>	
<p>Recommendation 4</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 24 October 2016</p>	<p>The registered person should review the manufacturer's instructions to and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.</p> <p>The arrangements should be confirmed to RQIA in the returned QIP.</p>
<p>Response by registered provider detailing the actions taken: <i>I have looked for manufacturer's guidelines and advised Mr. Mitchell of Smart Dental that we need to service the equipment. The RPA - DBC will be carrying out tests in 2017 as well. As there are no clear guidelines I hope that the service will be annually.</i></p>	

<p>Recommendation 5</p> <p>Ref: Standard 11.6</p> <p>Stated: First time</p> <p>To be completed by: 19 November 2016</p>	<p>Establish regular staff meetings. Minutes of all staff meetings should be retained and shared with staff.</p>
	<p>Response by registered provider detailing the actions taken: .</p> <p>We are currently organising meetings 1hr. every fortnight! When we have covered alot we will reduce these to once a month. Minutes are kept and placed in personnel files.</p>



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