

Announced Care and Variation to Registration Inspection Report 24 August 2017



New Row Dental Surgery

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

Address: 39 New Row, COLERAINE, BT52 1AE

Tel No: 028 7034 2848

Inspector: Stephen O'Connor

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

The practice was initially registered as New Row Dental Surgery on 26 October 2011 providing general dental care and treatment with two registered dental chairs. The practice was purchased by Stephen Rainey Ltd, who took ownership on the 01 July 2016 and the practice was registered with effect from 12 December 2016. An application of variation was submitted to RQIA during June 2017 to increase the number of dental chairs from two to three.

3.0 Service details

Organisation/Registered Provider: Stephen Rainey Limited	Registered Manager: Mr Stephen Rainey
Responsible Individual: Mr Stephen Rainey	
Person in charge at the time of inspection: Mr Stephen Rainey	Date manager registered: 16 December 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2 increasing to 3 following this inspection

4.0 Inspection summary

A combined announced care and variation to registration inspection took place on 24 August 2017 from 09:50 to 13:25.

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.

The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with an application of variation, made to RQIA, to increase the number of dental chairs from two to three.

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, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Two areas of improvement against the regulations have been made. These relate to ensuring AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff commencing work in the future and ensuring that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained.

An additional three areas of improvement against the minimum standards have been made. These relate to retaining records of induction, ensuring all pertinent information contained within

AccessNI enhanced disclosure checks is recorded and to submit a copy of the radiation protection advisor (RPA) reports for the two newly installed intra-oral x-ray machines to RQIA.

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

Information has been gathered throughout the variation to registration process, the findings of the inspection have been discussed with Mr Stephen Rainey, registered person and areas for improvement have been identified in the inspection report. A timescale, which has been agreed with Mr Rainey is specified for the submission to RQIA of a Quality Improvement Plan (QIP) addressing the identified areas for improvement. Scrutiny of this information means that the variation to registration application to increase the number of dental chairs from two to three is granted from a care perspective, subject to submission to RQIA of a QIP agreeing that the areas for improvement will be addressed within the specified timescales.

Mr Raymond Sayers, RQIA premises inspector has contacted Mr Rainey and requested specific documents in relation to the premises to be submitted for review. Mr Rainey is aware that the variation to registration application includes approval from a premises perspective.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Stephen Rainey, 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 pre-registration care inspection dated 15 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 September 2016.

5.0 How we inspect

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

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

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 Stephen Rainey, registered person, the practice manager and a dental nurse. A tour of some areas of the premises was also undertaken.

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

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

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

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 15 September 2016

The most recent inspection of the practice was an announced pre-registration care inspection. The completed QIP was returned and approved by the care inspector. A premises inspection was also undertaken on the 15 September 2016 and the completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 15 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 9 Stated: First time	The complaints policies should be further developed to include the following: <ul style="list-style-type: none"> • the details of the Health and Social Care Board should be included in the policy for NHS patients and the details of the Dental Complaints Service should be removed • the details of the Northern Ireland Commissioner for Complaints should be removed from the complaints policy for private patients • the details and role of RQIA should be included in both policies 	Met
	Action taken as confirmed during the inspection: Separate complaints policies for NHS and private patients are in place. Review of the complaints policies evidenced that they have been updated to include the information listed above.	
Area for improvement 2 Ref: Standard 15.3 Stated: First time	The overarching safeguarding policy should be further developed to include the types and indicators of abuse. The updated policy should be in keeping with the most recently published regional guidance and policy documents. The updated policy should be shared with staff.	Met

	<p>Action taken as confirmed during the inspection: One overarching safeguarding policy is in place for the safeguarding and protection of adults and children at risk of harm. The policy refers the reader to the regional best practice guidance and policy document for the types and indicators of abuse. The regional best practice guidance and policy documents are available in the practice for staff reference.</p>	
<p>Area for improvement 3 Ref: Standard 13.4 Stated: First time</p>	<p>The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.</p>	Met
	<p>Action taken as confirmed during the inspection: A dental nurse confirmed that compatible handpieces are processed in the washer disinfectant.</p>	
<p>Area for improvement 4 Ref: Standard 13.4 Stated: First time</p>	<p>All details of the daily automatic control test (ACT) should be recorded in respect of the steam steriliser.</p>	Met
	<p>Action taken as confirmed during the inspection: It was observed that pre-printed logbooks are in place for the equipment used to decontaminate reusable dental instruments. Review of the logbooks confirmed that they have been fully completed in keeping with best practice guidance.</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

The number of dental surgeries is increasing from two to three. Mr Rainey confirmed that the practice is currently in the process of recruiting an associate dentist and additional dental

nurses to staff the newly established third dental surgery. Discussion with Mr Rainey and staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Discussion with Mr Rainey and review of documentation evidenced that induction programme templates were in place relevant to specific roles and responsibilities and newly recruited staff confirmed that they had an induction. However, records of induction were not always retained. This has been identified as an area for improvement against the standards. It was confirmed that an employee handbook has been developed and all new employees are given a copy of the handbook.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Rainey confirmed that three staff have been recruited since the previous inspection. All three staff personnel files were reviewed and the following was noted:

- confirmation that staff were registered with the GDC, where applicable
- employment histories for all three staff members

None of the staff personnel files included a criminal conviction declaration, one file did not include any references or confirmation of physical and mental fitness, two files did not include a contract of employment or positive proof of identity.

Mr Rainey was advised that all documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for all staff who commence work in the future. This has been identified as an area for improvement against the regulations.

In relation to all three staff, information was retained indicating that AccessNI enhanced disclosure checks had been undertaken. However, in respect of one staff member the only information available in relation to the AccessNI enhanced disclosure check was an email from the umbrella body dated prior to commencement of employment confirming that a check had been issued.

In respect of the other two staff members the original AccessNI enhanced disclosure checks had been retained. Review of these checks evidenced that one check was issued prior to commencement of employment. However, one check was issued some eight months after the staff member commenced employment. Mr Rainey confirmed that a basic AccessNI disclosure check was in place prior to commencement of employment and when they learned that it should have been an enhanced check this was immediately applied for. No information had been retained in respect of the basic AccessNI check. Mr Rainey was advised that AccessNI enhanced disclosure checks must be handled in keeping with the AccessNI Code of Practice.

One area of improvement against the regulations and one area of improvement against the standards have been identified in respect of AccessNI enhanced disclosure checks. These relate to ensuring AccessNI enhanced disclosure checks have been undertaken and received prior to commencement of employment and that pertinent information contained within AccessNI enhanced disclosure checks is appropriately documented.

The recruitment policy could not be located during the inspection. On the afternoon of the inspection Mr Rainey emailed the recruitment policy and a template for recording all information contained within AccessNI enhanced disclosure checks. Review of the recruitment policy evidenced that 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.

Mr Rainey is aware that all staff should complete update refresher training in safeguarding children and adults every two years 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).

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

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

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. 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. The most recent occasion staff completed medical emergency refresher training was during September 2016.

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.

There was a policy for the management of medical emergencies and protocols outlining the local procedure for dealing with the various medical emergencies available for staff reference. Additional information in regards to medical emergencies was observed to be on display throughout the practice.

Infection prevention control and decontamination procedures

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

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

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector and two steam sterilisers have been provided to meet the practice requirements. It was confirmed that only one of the steam sterilisers is in routine use, the second steam steriliser would be used in the event of the primary steam steriliser malfunctioning. Mr Rainey confirmed that the decontamination equipment in place would be sufficient to meet the demands of the newly established dental surgery. 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.

Mr Rainey confirmed that a supply of new instruments have been purchased to meet the demands of the newly established third dental surgery when it is operational.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during March 2017.

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

Radiography

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

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken

to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

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

Mr Rainey confirmed that a new intra-oral x-ray machine was installed in surgery one on the day prior to the inspection and that a new intra-oral x-ray machine has been installed in the newly established third dental surgery. Mr Rainey confirmed that the installation engineer is to forward the critical examination reports for the two new intra-oral x-ray machines to the appointed radiation protection advisor (RPA), who in turn will produce a report. An area for improvement against the standards has been made that the RPA reports for the new intra-oral x-ray machines should be submitted to RQIA upon return of the QIP.

Review of the RPA report for surgery two dated June 2016 evidenced that no recommendations had been made.

The x-ray equipment in surgery two was serviced and maintained during September 2016 in keeping with the manufacturer's instructions. Mr Rainey confirmed that the new intra-oral x-ray machines in surgery one and three are still under manufacturer's warranty and that arrangements are in place to ensure these will be serviced and maintained.

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. Mr Rainey confirmed that surgery one on the ground floor had to be reconfigured in order to get access to the first floor of the premises. As a result surgery one has been completely refurbished. Mr Rainey confirmed that arrangements are in place to get the hand towel and soap dispensers wall mounted in surgeries one and three.

As a result of the reconfiguration of surgery one and the variation to registration application Mr Raymond Sayers, RQIA premises inspector will be reviewing documentation in relation to the premises. Mr Rainey confirmed that he has spoken with Mr Sayers and that he has to submit specific documents to RQIA for review. Mr Rainey is aware that the newly established third dental surgery cannot be used for the provision of private dental care and treatment until such times as it is approved from both a care and premises perspective.

Mr Rainey confirmed that there is potential for a further two dental surgeries on the first floor of the premises. Mr Rainey is aware that a variation to registration application must be submitted to RQIA if additional surgeries are established.

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

Review of documentation confirmed that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination.

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

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

- “All public areas are spotlessly clean. I always feel my care is personalised and well explained. All safety precautions are taken – hand washing, safety glasses, protective clothing and when taking x-rays.”
- “Very pleasant, helpful staff who are very efficient.”

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

Areas of good practice

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

Areas for improvement

Records of induction should be retained for any new staff recruited.

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

AccessNI enhanced disclosure checks must be undertaken and received prior to any new staff commencing work in the future.

Information contained within AccessNI enhanced disclosure checks should be recorded.

A copy of the radiation protection advisor (RPA) reports for the newly installed intra-oral x-ray machines in surgeries one and three should be submitted to RQIA upon return of the Quality Improvement Plan (QIP).

	Regulations	Standards
Total number of areas for improvement	2	3

6.5 Is care effective?

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

Clinical records

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

Mr Rainey 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. Mr Rainey confirmed 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. Mr Rainey confirmed that oral health is actively promoted on an individual level with patients during their consultations. It was confirmed that information leaflets and models for demonstration purposes are available for use. A range of oral health care products are available for purchase in the practice. Mr Rainey confirmed that the practice participates in national campaigns such as National Smile Week and that information on oral health and hygiene to include instructional videos is available on the practice website.

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
- patient satisfaction

Communication

Mr Rainey 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.

Mr Rainey confirmed that staff meetings are held as and when required. 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. Mr Rainey was advised that consideration should be given to holding routine practice meetings to discuss clinical and practice management issues.

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

Patient and staff views

All 12 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and indicated that they were very satisfied with this aspect of care. Comments provided included the following:

- “Fully informed of care required, shown x-rays and areas of care highlighted and explained really well. Have never had cause to raise concerns as care has been exemplary. I’ve always felt involved in my care plan.”
- “Always feel very important and cared for by the staff.”

All six 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 and all six staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comment was included in a submitted questionnaire response:

- “Respond quickly to requests for emergency appointments.”

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

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

Mr Rainey confirmed that a confidentiality policy is in place.

Patient and staff views

All 12 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care and all 12 indicated that they were very satisfied with this aspect of care. Comments provided included the following:

- “Great practice and fantastic care from Stephen Rainey and staff.”
- “Very personal touch to care in New Row Dental Surgery and feedback is actively encouraged. I do not feel concerned about privacy as every step is taken to ensure confidentiality. Staff always speak in a professional, friendly and respectful manner.”
- “Patient care is priority in this practice. Recent referral to oral surgery clinic for procedure. Everything explained fully and understood by me.”

All six 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 all six staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance arrangements

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

It was confirmed that a practice manager has been appointed. The practice has seconded the practice manager to undertake the Northern Ireland Medical and Dental Training Agency (NIMDTA) practice manager's course. It is envisaged that the practice manager's role and responsibilities will continue to develop.

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

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was 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 Rainey 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 Rainey, registered person demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

All 12 patients who submitted questionnaire responses indicated that they felt that the service is well led and that they were very satisfied with this aspect of the service. Comments provided included the following:

- “Lovely friendly caring staff.”
- “This is a friendly well managed surgery, all staff are helpful and appointments available at short notice when required.”
- “It has been a difficult time to transition between dentists but the practice has continued at the same high level (if not better!) than previous. I am fully confident that this service is well managed. Any staff I have been in contact with have been highly professional, helpful and keen to provide information.”
- “Excellent care and attention at New Row Surgery.”
- “Absolutely. Fantastic sympathetic staff who understand the patients’ needs and provide appropriate information in all fields.”

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

The registered person/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 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

7.2 Actions to be taken by the service

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

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2017</p>	<p>The registered person must ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended is sought and retained for all staff including self-employed staff who commence work in the future.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Checklist created and now used for all new staff</p>
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<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 2, as amended</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2017</p>	<p>The registered person must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff commencing work in the future.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Checklist, protocol and Access NI register created for all new staff</p>
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Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)

<p>Area for improvement 1</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2017</p>	<p>Records of induction should be retained for any new staff recruited.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Induction packs now to be signed and dated after induction for all new staff</p>
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<p>Area for improvement 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2017</p>	<p>A system for recording and verifying AccessNI enhanced disclosure checks should be developed to include the following:</p> <ul style="list-style-type: none"> • the personal details of the staff member the check pertains to i.e. name, address • a record of the date that the application form was submitted to the umbrella organisation • a record of the dates the Enhanced Disclosure was issued and received by the practice • a record of the unique AccessNI reference number on the disclosure certificate • the outcome of the registered person's consideration of that certificate, signed and dated <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p>
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	Checklist and register created to include all relevant details
Area for improvement 3 Ref: Standard 8.3 Stated: First time To be completed by: 19 October 2017	A copy of the radiation protection advisor (RPA) reports for the newly installed intra-oral x-ray machines in surgeries one and three should be submitted to RQIA upon return of the Quality Improvement Plan (QIP). Any recommendations made within the RPA report should be actioned. Ref: 6.4 Response by registered person detailing the actions taken: Attached and recommendations in report have been actioned

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



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