

Announced Care and Variation to Registration Inspection Report 22 November 2017



Rosconnor Specialist Dentistry, Ballymoney

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 21 Portrush Road, Ballymoney BT53 6BX
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Inspector: Norma Munn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This practice was initially registered for two dental chairs providing general dental care and treatment. Following registration an application of variation was submitted to the Regulation and Quality Improvement Authority (RQIA) during May 2017 in relation to an extension to house a new x-ray room, store, staff area, conference room, toilet facilities, a new decontamination room and two additional surgeries.

3.0 Service details

Organisation/Registered Provider: Portman Healthcare Limited Responsible Individual: Mr Mark Hamburger	Registered Manager: Mr Jason Henry
Person in charge at the time of inspection: Mr Jason Henry	Date manager registered: 17 August 2012
Categories of care: Independent Hospital (IH) - Dental Treatment	Number of registered places: 2 increasing to 3 following this inspection

Portman Healthcare Limited is the registered provider for six dental practices registered with RQIA. Mr Mark Hamburger is the responsible person for Portman Healthcare Limited.

4.0 Inspection summary

An announced inspection took place on 22 November 2017 from 11:00 to 15:30

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

An application for variation of the registration of the practice was submitted to RQIA by Mr Mark Hamburger, registered person. The application was for an extension to house a new x-ray room, store, staff area, conference room, toilet facilities, a new decontamination room and two additional surgeries. The variation to registration was granted from a care perspective in relation to the extension and for one additional chair/surgery only.

The second surgery/chair in the extension is not to be registered at this time as it is not yet equipped with the relevant dental equipment and the provider has agreed to contact RQIA when this is to be progressed.

This inspection sought to assess progress with any issues raised during and since the previous inspection and to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair. Mr Phil Cunningham, estates inspector, undertook a premises inspection on the same day. The report and findings of the premises inspection will be issued under separate cover.

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 requiring improvement were identified in relation to staff recruitment. One area identified was against the regulations and one against the standards.

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

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Jason Henry, registered manager; Ms Alison Rae, compliance facilitator; the lead receptionist; and the lead dental nurse, 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 26 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 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 inspection
- the returned QIP from the previous pre-registration care inspection
- the previous pre-registration care inspection report
- submitted staffing information
- submitted complaints declaration
- review of the submitted variation to registration application
- submitted statement of purpose and patient guide

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 Jason Henry, registered manager; Ms Alison Rae, compliance facilitator; two associate dentists; two receptionists; and two dental nurses. A tour of the premises was also undertaken; this included the new extension.

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 pre-registration care inspection were reviewed and assessment of compliance recorded as 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 26 September 2016

The most recent inspections of the practice were announced care and premises pre-registration inspections which were carried out on the same day. The completed QIPs for the pre-registration care and premises inspections were returned and approved by the care and estates inspectors respectively.

6.2 Review of areas for improvement from the pre-registration care inspection dated 26 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 12.4 Stated: First time	Buccal midazolam, for administration in the event of a medical emergency, should be replaced with Buccolam pre-filled syringes in keeping with Health and Social Care Board (HSCB) guidance.	Met
	Action taken as confirmed during the inspection: A review of emergency medicines evidenced that Buccolam pre-filled syringes had been provided since the previous inspection however, the quantity of Buccolam recommended by the HSCB had not been provided. Following the inspection RQIA received confirmation that the supply of Buccolam had been increased. This is discussed further in Section 6.4.	
Area for improvement 1 Ref: Standard 8.3 Stated: First time	The use of rectangular collimation when taking intra-oral x-rays should be implemented throughout the practice.	Met
	Action taken as confirmed during the inspection: Discussion with staff confirmed that rectangular collimation is used when taking intra-oral x-rays.	

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 practice is increasing from two to three dental surgeries at this time. Mr Henry outlined the planned staffing arrangements for the additional surgery and confirmed that two dentists, a dental nurse and two receptionists had been recruited since the previous inspection. Plans to recruit more dental nurses were also discussed. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of five evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. 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 Henry and Ms Rae confirmed that five staff had been recruited since the previous inspection.

A review of the personnel files for these staff demonstrated that not all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.

One of the files reviewed did not contain references or confirmation that the person was physically and mentally fit to fulfil their duties. 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 standards has been made in this regard.

A review of documentation evidenced that AccessNI disclosure checks had been received for all five of the newly recruited staff. However, one of the members of staff had commenced employment before the AccessNI enhanced disclosure check had been received. On enquiry it was confirmed that this staff member had worked for a period of eight days without the appropriate AccessNI check being in place. This was identified by management and immediate

action was taken at that time. The member of staff was granted a period of leave until the AccessNI enhanced check was received.

It was confirmed that a basic AccessNI check had been undertaken for another member of staff which was not the appropriate check required and should have been an enhanced AccessNI check. This was discussed and it was agreed that a new AccessNI enhanced disclosure check should be applied for in respect of this identified member of staff. During the inspection Mr Henry provided assurances that the identified member of staff would be supervised until the details of the AccessNI enhanced disclosure check had been received by the practice. On 28 November 2017, RQIA received confirmation by electronic mail that a satisfactory AccessNI enhanced disclosure check had been received for the identified member of staff. 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 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), the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and the 'Adult Safeguarding Operational Procedures' (September 2016) 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). As discussed the quantity of Buccolam recommended by the HSCB had not been provided. 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 Henry advised that he will ensure 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. Following the inspection RQIA received confirmation that the supply of Buccolam had been increased accordingly.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of oropharyngeal airways in sizes 0 and 1. These items were ordered on the day of the inspection.

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

The two storey extension was completed to a high standard, one surgery was fully equipped for operation and a modern spacious decontamination room had been provided. As previously discussed the second surgery in the extension was not yet equipped with relevant dental equipment and therefore was not ready to be registered to provide private dental care and treatment.

The arrangements in relation to the fully equipped newly established dental surgery were reviewed. The flooring in the surgery was impervious and coved where it meets the walls. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean. A dedicated hand washing basin was available and a laminated/wipe-clean poster promoting hand hygiene was on display. Adequate supplies of liquid soap, disinfectant rub/gel and paper towels were observed. Personal protective equipment (PPE) was readily available and sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly. It was confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

Staff confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) are appropriately managed.

The clinical waste bin in the new surgery was housed in a cupboard however this waste bin cannot be accessed using a non-touch technique. This was discussed and Mr Henry has agreed to review this and ensure that a clinical waste bin is provided in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

It was confirmed that the practice has sufficient dental instruments to meet the demands of the new surgery.

Other clinical areas were observed to be 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 new modern spacious decontamination room had been provided which was separate from patient treatment areas and dedicated to the decontamination process. Appropriate equipment, including an ultrasonic bath, a washer disinfectant and two steam sterilisers have been provided to meet the practice requirements. Mr Henry advised that a second washer disinfectant is to be provided and is currently on order. 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 was in place in relation to decontamination and infection prevention and control.

Radiography

The practice has three surgeries fully equipped, each of which has an intra-oral x-ray machine, one of which has been newly installed. In addition, there is a newly installed orthopan tomogram machine (OPG), which is located in the newly established separate x-ray room.

Review of the radiation protection file evidenced that a critical examination of the newly installed x-ray unit in the additional surgery and the new OPG had been undertaken by the appointed radiation protection advisor (RPA) during July 2017 and August 2017. Mr Henry confirmed that any recommendations made have been addressed.

The 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.

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

The x-ray equipment has been 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

A tour of the premises was undertaken, including the newly established extension decontamination room and dental surgery. The environment was maintained to a high standard of maintenance and décor.

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

Arrangements are in place for maintaining the environment. Mr Phil Cunningham, estates inspector, undertook a premises inspection on the same day as this inspection. The report and findings of the premises inspection will be issued under separate cover.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms. The written security policy to reduce the risk of prescription theft and misuse was further developed following the inspection.

Patient and staff views

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

- "I felt extremely safe. The staff were professional, clear in all their communication, friendly, very clean and excellent in every way."

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

Areas of good practice

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

Areas for improvement

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

References and confirmation that the person is physically and mentally fit to fulfil their duties should be sought and retained for any new staff commencing work in the future.

	Regulations	Standards
Total number of areas for improvement	1	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. A range of health promotion information leaflets was available in the reception area. Staff confirmed that oral health is actively promoted on an individual level with patients during their consultations with the dentists and hygienist.

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
- clinical records
- sedation
- review of complaints/accidents/incidents

Communication

Staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a monthly 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.

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

Patient and staff views

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

- “Everything was very clearly explained and written out to take home and consider. I never felt pushed into anything. All precautions, pitfalls, options were clearly explained. Very approachable.”

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. Six staff indicated they were very satisfied with this aspect of care and two 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 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 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

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

- "Again, I was treated with the utmost respect as an individual. Excellent."

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect, are involved in decision making affecting their care and 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 Henry is the nominated individual with overall responsibility for the day to day management of the practice. Mr Henry discussed plans to recruit a new practice manager to assist him in the day to day management of the practice. The registered provider monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. The report of the most recent unannounced monitoring visit dated 13 July 2017 was submitted to RQIA following the inspection.

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. A minor amendment was made to the complaints procedure following the inspection. 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 indicated 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.

Staff 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 Henry demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes.

The statement of purpose and patient's guide were further developed following the inspection. Mr Henry confirmed that these will be kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

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

- "I feel as if I am kept informed at all stages. It appears to me to be well managed. I feel very confident in the service provided, the expertise and the professional care of all the staff. I'm afraid all my views are very positive. I have no negative comments at all. I have over the years always found this practice to be so reliable. I trust their care and judgement, never feel pressurised and all the support staff have also been extremely helpful. I always find too, the place is spotlessly clean. I could not speak highly enough of Rosconnor, that is just my opinion."
- "I was given a care plan and am very satisfied. This team is very welcoming and friendly. Xxx makes me feel relaxed and I am very satisfied with his work. Out of hours care was very good."

All submitted staff questionnaire responses indicated that they felt that the service is well led. Six staff indicated they were very satisfied with this aspect of the service and two 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

6.7 Conclusion

The variation to registration of the practice for an extension housing a decontamination room and one additional surgery was granted from a care perspective following this inspection. The second surgery/chair in the extension is not to be registered at this time as it is not yet equipped

with relevant dental equipment and the provider has agreed to contact RQIA when this is to be progressed.

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 Henry, registered person; Ms Rae, compliance facilitator; the lead dental nurse; and the lead receptionist, 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 , 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 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: 22 November 2017	<p>The registered person shall 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: All AccessNI enhanced disclosure checks have been undertaken and are in place. Any new staff member, both employed and self-employed that will commence work in the future will have this AccessNI enhanced disclosure check in place prior to starting work</p>
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 11.1 Stated: First time To be completed by: 22 November 2017	<p>The registered person shall ensure that two written references and confirmation that the person is physically and mentally fit to fulfil their duties is sought and retained for 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: Two written references for confirming that any new staff member (both employed and self-employed) that such staff member is mentally and physically fit to fulfil their duties will be sought and retained prior to commencing work in the future.</p>

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



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