

Announced Care Inspection Report 16 August 2017



Oasis Dental Care Bangor Springhill

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

Address: 4A Killeen Avenue, Bangor BT19 1NB

Tel No: 028 9127 4101

Inspector: Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with five registered places.

3.0 Service details

Organisation/Registered Provider: Oasis Dental Care Registered person: Mr Andrew Relf	Registered Manager: Mrs Abbe Mackenzie
Person in charge at the time of inspection: Mrs Abbe Mackenzie	Date manager registered: 16 August 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 5

Oasis Dental Care is the registered provider for 16 dental practices registered with RQIA. Mr Relf is the registered person for Oasis Dental Care.

Prior to the inspection a full and complete registered manager application was submitted to RQIA in respect of Mrs Abbe Mackenzie. Following the inspection the registered manager application was approved with effect from 16 August 2017.

4.0 Inspection summary

An announced inspection took place on 16 August 2017 from 10.20 to 13.10.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, infection prevention and control, radiology and the environment. Other examples included health promotion and engagement to enhance the patients' experience.

One area for improvement against the standards was identified to ensure the details of the daily automatic control test undertaken for each steriliser are recorded in the respective logbook and signed by the operator.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Abbe Mackenzie, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 24 October 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 24 October 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 care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration
- registered manager application in respect of Mrs Abbe Mackenzie

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 Mrs Mackenzie, registered manager; a dental nurse and a receptionist. A tour of some of the premises was also undertaken.

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

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

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

The findings of the inspection were provided to 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 19 January 2017

The most recent inspection of the practice was an announced premises inspection. The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 19 January 2017

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 11.1 Stated: Second time	It is recommended that the recruitment and selection policy is further developed to ensure the policy is reflective of The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 2.	Met

	<p>Action taken as confirmed during the inspection: The recruitment process detailed within the recruitment and selection policy was confirmed to be compliant with The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 2.</p>	
<p>Area for improvement 2 Ref: standard 11.1 Stated: First time</p>	<p>The registered person must ensure that a criminal conviction declaration is provided by any new staff member and be retained in the staff member's personnel file.</p> <p>A criminal conviction declaration should be provided for the two staff members recruited since the previous inspection.</p> <p>Action taken as confirmed during the inspection: A review of the personnel file for a new staff member confirmed that a criminal conviction declaration had been completed.</p> <p>Mrs Mackenzie confirmed that a process has been implemented to ensure a criminal conviction declaration is retained for all new staff members.</p>	Met
<p>Area for improvement 3 Ref: Standard 13.2 Stated: First time</p>	<p>An illuminated magnifier should be provided in the decontamination room, and positioned in accordance with HTM 01-05 to ensure the dirty to clean flow in the decontamination process is not interrupted.</p> <p>Action taken as confirmed during the inspection: Observation of the decontamination room confirmed that an illuminated magnifier was provided.</p>	Met
<p>Area for improvement 4 Ref: Standard 8.4 Stated: First time</p>	<p>The radiation protection local rules should be signed by all relevant staff to confirm they had read this documentation.</p> <p>Action taken as confirmed during the inspection: Review of the radiation protection folder confirmed that the local rules had been signed and dated by all appropriate staff.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

Five dental surgeries are in operation in this practice. Discussion with Mrs Mackenzie and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

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

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

It was confirmed that the Oasis Dental Care group have an online training hub which includes core Continuing Professional Development (CPD) topics as recommended by the General Dental Council (GDC). All staff have access to this training hub and the courses undertaken are reviewed and discussed during staff appraisals. In addition to the training hub a second elearning training portal is available for staff that includes fire awareness and fire warden training; manual handling; stress management and driving awareness. Staff are encouraged to complete courses on the elearning portal relevant to their role and responsibilities.

It was also confirmed that the Oasis Dental Care group have a practice manager academy based in Manchester.

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 Mrs Mackenzie confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for the identified staff member evidenced that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained, with the exception of a second written reference. On the afternoon of the inspection, RQIA received an email from Mrs Mackenzie to confirm that a second reference had been obtained and this was retained within the identified staff member's personnel file.

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

Mrs Mackenzie confirmed that the Oasis Dental Care group have a Human Resources (HR) department based in England that supports practice managers with recruitment and all matters in relation to HR.

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. Safeguarding children and adults training is one of the annual mandatory training courses that all staff must complete on the online training hub. The frequency of this training exceeds best practice guidance.

Mrs Mackenzie as the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). Mrs Mackenzie confirmed arrangements were made to provide an identified person(s) as the safeguarding champion for the Oasis Dental Care group in Northern Ireland.

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. Mrs Mackenzie confirmed that the corporate compliance department are currently reviewing the safeguarding policy.

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). However, it was observed that Aspirin dispersible 75mg tablets were provided. Mrs Mackenzie was advised that Aspirin dispersible 300mg tablets should be provided in keeping with the BNF. On the afternoon of the inspection, RQIA received an email from Mrs Mackenzie to confirm that Aspirin dispersible 300mg tablets had been provided for the practice.

It was noted that the emergency medicines were kept in a small plastic container which was not of sufficient capacity to safely store all of the emergency medicines. Storage arrangements were discussed with Mrs Mackenzie who confirmed a larger container would be provided.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

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

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were 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. It was noted that the cleaning equipment was stored in this room and Mrs Mackenzie was advised that cleaning equipment should not be kept in the decontamination room; the items were removed during the inspection.

Appropriate equipment, including two washer disinfectors and two steam sterilisers, has been provided to meet the practice requirements. Staff confirmed that one of the washer disinfectors had only arrived in the practice and was not yet operational. Mrs Mackenzie confirmed this washer disinfectant will not be used until validation of the machine has been completed.

A review of documentation evidenced that the other equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that, in general, periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. However it was noted that a record had not been made of the daily automatic control test undertaken for both sterilisers. It was confirmed that the data from the memory card of each steriliser was uploaded to the practice computer on a weekly basis. Mrs Mackenzie and staff were advised that a record should be available in the respective individual logbooks to evidence that the cycle parameters of the daily automatic control test for each steriliser had been reviewed and signed off by the operator. An area of improvement against the standards has been made in this regard.

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 on 3 May 2017.

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

Radiography

The practice has five 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.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent check by the RPA on 2 November 2015 demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained on 11 May 2017 in accordance with manufacturer's instructions.

Environment

The environment was maintained to a good standard of maintenance and décor. It was confirmed that the Oasis Dental Care group have a dedicated facilities management department to support practice managers in relation to the premises. It was confirmed that an external organisation has been appointed for the maintenance and up keep of the premises.

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 to include routine servicing and maintenance of the air conditioning system, intruder alarm, firefighting equipment and fire detection system. Portable appliance testing (PAT) of electrical equipment is undertaken every two years and fixed electrical installations checks are undertaken every five years.

A legionella risk assessment was undertaken by an external organisation and water temperatures are monitored and recorded as recommended.

The fire risk assessment has been completed in house and routine checks of the fire detection system to include emergency lighting and break glass points are undertaken and records retained. Staff demonstrated that they were aware of the action to take in the event of a fire.

Mrs Mackenzie confirmed that arrangements are in place to ensure the fire and legionella risk assessments are reviewed on an annual basis.

Review of documents confirmed that the pressure vessels in the practice were inspected in keeping with the written scheme of examination during July 2017.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

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

- 'Dentist and assistant always professional, approachable and friendly.'
- 'Never left unattended. All staff are helpful and attentive.'
- 'Excellent environment.'

Eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Four staff indicated they were very satisfied with this aspect of care and four 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 staff recruitment, induction, training, appraisal, safeguarding, management of medical emergencies, infection prevention control, radiology and the environment.

Areas for improvement

Details of the daily automatic control test undertaken for each steriliser should be recorded in the respective logbook and signed by the operator.

	Regulations	Standards
Total number of areas for improvement	0	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.

Mrs Mackenzie and 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 records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of information leaflets available in regards to oral health and hygiene. Oasis Dental Care group have a marketing department which distributes posters to practices, a range of posters were observed to be on display. Oral health is actively promoted on an individual level with patients during their consultations and that if appropriate patients are referred to the hygienist.

A range of oral health products are available to purchase in the practice and samples of products are freely distributed to patients.

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 prescriptions
- review of complaints/accidents/incidents
- patient consultation

It was also confirmed that the Oasis Dental Care group have a named clinical compliance and health and safety auditor. This named individual has visited the practice within the previous 12 calendar months and completed an audit. Oasis Dental Care group have also developed a specific audit to be routinely completed by practice managers. This audit includes all aspects of the operation of the practice.

Communication

Mrs Mackenzie and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments and template referral letters have been established.

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 in house training sessions. The registered managers within the Oasis Dental Care group also meet on a monthly basis.

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

Patient and staff views

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

- ‘Feel part of a two way service – very pleased.’
- ‘All options discussed before treatment begins.’
- ‘Excellent communications.’

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. Five staff indicated they were very satisfied with this aspect of care and three indicated they were satisfied. Staff spoken with during the inspection concurred with this. 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 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 a routine basis. A report detailing the findings of the patient satisfaction surveys is generated on a monthly basis and the most recent report was observed to be on display in the main reception area of the practice. Oasis Dental Care group also have a website on which patients can leave feedback in regards to the quality of care and treatment received and the practice has a Facebook page.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patients' privacy, dignity and providing compassionate care and treatment.

Patient and staff views

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

- 'Two way process- always informed and given opportunity to feedback.'
- 'All treatment fully discussed.'
- 'Nervousness always taken into account by XXXXX.'

Seven of the 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. One staff member disagreed with this statement on the questionnaire. Six staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied and one indicated they were unsatisfied. The following comment was provided in one submitted questionnaire:

- 'Oasis seem to have conveyor belt approach to dentistry.'

In the interest of openness and transparency the above comment was shared with Mrs Mackenzie; however, the content of the comment made was not substantiated during the inspection. Mrs Mackenzie confirmed that there had not been any such expression made by any staff member at staff meetings or at one to one level.

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.

Mrs Mackenzie is the nominated individual with overall responsibility for the day to day management of the practice. Mr Andrew Relf, registered person, monitors the quality of services and undertakes visits to the practice routinely in accordance with legislation. A report of the most recent unannounced monitoring visit dated 20 June 2017 was available for review.

In addition to the routine visits by the registered person a number of other senior staff within the Oasis Dental Care group visit the practice routinely. It was also confirmed that the clinical advisor, compliance auditor and operations director visit the practice routinely.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a two yearly basis. Mrs Mackenzie confirmed that the corporate compliance department are responsible for reviewing policies and procedures. 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 displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice. Review of the complaints record indicated that a number of complaints related to patient waiting times. Mrs Mackenzie confirmed that action has been taken to address this issue; it was noted there had not been any further complaints since February 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.

Mrs Mackenzie 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 Mackenzie demonstrated a clear understanding of her role and responsibility in accordance with legislation. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

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

- 'Professional, courteous and knowledgeable staff.'
- 'Overall excellent.'

All eight submitted staff questionnaire responses indicated that they felt that the service is well led. Four staff indicated they were very satisfied with this aspect of the service and four 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 Mrs Abbe Mackenzie, registered manager, 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.

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 Minimum Standards for Dental Care and Treatment (2011)

<p>Area for improvement 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 16 August 2017</p>	<p>The registered person shall ensure that the cycle parameters of the daily automatic control test undertaken for each steriliser are recorded in the respective logbook and signed by the operator.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Completed the day of inspection and going forward we ensure the memory card in both our sterilisers are downloaded weekly and the details updated in each individual log book.</p>

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



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