

# Announced Care Inspection Report 15 August 2017



## Waterside Dental

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

**Address: 7 Waterside, Coleraine BT51 3DP**

**Tel No: 028 7034 2934**

**Inspector: Carmel McKeegan**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a registered dental practice with five registered places.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Waterside Dental Ltd  <b>Registered Person:</b> Mr Owen Thompson	<b>Registered Manager:</b> Mr Owen Thompson
<b>Person in charge at the time of inspection:</b> Mr Owen Thompson	<b>Date manager registered:</b> 2 November 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

### 4.0 Inspection summary

An announced inspection took place on 15 August 2017 from 10.00 to 12.45.

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 staff training and development, patient safety in respect of radiology, the environment, the range and quality of audits, health promotion and engagement to enhance the patients' experience.

Three areas for improvement against the standards were identified. These were in relation to further development of the safeguarding adults at risk of harm policy to reflect current best practice guidance, provide Buccolam pre-filled syringes in sufficient quantity and dosage as recommended by the HSCB and to ensure the cycle parameters of the daily automatic control test undertaken for each steriliser are recorded in the respective log 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
<b>Total number of areas for improvement</b>	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Owen Thompson, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 19 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 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 care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Thompson, registered person, two dental nurses and a receptionist. A tour 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 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 September 2016**

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

**6.2 Review of areas for improvement from the last care inspection dated 19 September 2016**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 19 (2) (d) <b>Stated:</b> First time	The registered provider must ensure that two written references, including one from the current/most recent employer, should be obtained in respect of any new staff commencing work in the practice, including self-employed staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the submitted staffing information and discussion with Mr Thompson confirmed that two new staff members have been recruited since the previous inspection. Review of the individual personnel files retained for each staff member confirmed that two written references had been obtained for each staff member.	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that the following information should be retained in the personnel files of any newly recruited staff, including self-employed staff:</p> <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph</li> <li>• evidence that an enhanced AccessNI check was received prior to employment</li> <li>• two written references;</li> <li>• details of full employment history, including an explanation of any gaps in employment</li> <li>• documentary evidence of qualifications, where applicable;</li> <li>• evidence of current GDC registration, where applicable</li> <li>• criminal conviction declaration on application</li> <li>• confirmation of physical and mental health and</li> <li>• evidence of professional indemnity insurance, where applicable</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the personnel files for the two new staff members demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.</p>	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

#### Staffing

Five dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there 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 two evidenced that induction programmes had been completed when new staff joined the practice. Each new staff member is provided with an employee handbook which contains pertinent policies and procedures. In addition to the formal induction programme there is a mentoring programme for newly recruited staff members.

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**

As previously stated two new staff members have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

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 Mr Thompson as the safeguarding lead will complete formal Level 2 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 identified that the safeguarding and protection of adults was in need of further development to reflect the most recent regional guidance documents in relation to safeguarding adult. Advice and guidance was provided in this regard. An area of improvement against the standards has been made to further develop the safeguarding adults at risk of harm policy to reflect current best practice guidance.

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.



Following the inspection the following documentation was forwarded to the practice by email:

- 'Adult Safeguarding Operational Procedures' (September 2016)
- Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

### **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 noted that Buccal midazolam, for the management of status epilepticus, was provided in Epistatus prefilled syringe form rather than Buccolam prefilled syringe format as recommended by the Health and Social Care Board (HSCB). This was discussed with Mr Thompson and it was agreed that the inspector would re-check that Buccolam prefilled syringe format was still recommended by the HSCB. On 07.09.17 the inspector confirmed to Mr Thompson by email that Buccolam prefilled syringe format should be provided as recommended by the HSCB. Mr Thompson was also provided with a copy of two letters dated 20 May 2013 and 24 November 2016 issued by the HSCB to all dental practices in this regard. An area of improvement against the standards has been made to ensure Buccolam pre-filled syringes are stocked in sufficient quantity and dosage as recommended by the HSCB.

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. Appropriate equipment, including a washer disinfectant and two steam sterilisers and a DAC Universal have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been validated on 6 January 2017.

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 an automatic control test had not been recorded in the logbooks for either of the steriliser machines. It was confirmed that the cycle parameters are stored on the machine data loggers and downloaded to the practice computer on a monthly basis. However a record was not available to evidence that an automatic control test had been reviewed by the operator and signed off as satisfactory at the start of each day. An area of improvement against the standards has been made to ensure the cycle parameters of the daily automatic control test undertaken for each steriliser is recorded in the respective log and signed by the operator.

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

A range of policies and procedures were in place in relation to decontamination and infection prevention and control. The practice has a dedicated cross infection folder which has been signed and dated by all staff.

## **Radiography**

The practice has five surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

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 visit by the RPA undertaken on 5 February 2015 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

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. Fire detection systems and fire-fighting equipment had been tested and portable appliance testing (PAT) had been carried out.

A legionella risk assessment has been undertaken and water temperature are monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels had been established and the last pressure vessel examination was undertaken on 7 July 2017.

Records in relation to maintenance were retained in a systematic and organised manner.

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

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

- 'The dental surgery and facilities are always clean. Staff are all very approachable.'
- 'I have built up great confidence in the staff here. They make my family feel very relaxed and cared for.'
- 'Feel quite content with all procedures.'
- 'Never had a problem with anything.'
- 'I have used the same dental surgery for over 20years now and I feel all of the above apply.'

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and also 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 staff recruitment, induction, training, appraisal, infection prevention control, radiology and the environment.

## Areas for improvement

Further develop the safeguarding adults at risk of harm policy to reflect current best practice guidance.

Buccolam pre-filled syringes should be stocked in sufficient quantity and dosage as recommended by the HSCB.

Detail of the daily automatic control test undertaken for each steriliser must be recorded in the respective log and signed by the operator.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

**6.5 Is care effective?**

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

**Clinical records**

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

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients.

Leaflets were available for patients which provided informative detail on dental problems, causes, and possible treatment options. This information included pictures and diagrams which provided very clear information for patients to understand.

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. Two dental hygienists and a dental hygienist therapist also work in the practice. Mr Thompson confirmed that oral health is actively promoted on an individual level with patients during their consultations.

A range of oral health promotion leaflets were available at reception and the patients’ waiting area. A range of oral healthcare products were also available to purchase.

## 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 waste management
- clinical records
- review of complaints/accidents/incidents
- patient satisfaction surveys

## Communication

Mr Thompson 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.

It was confirmed that staff meetings are held on a regular basis to discuss clinical and practice management issues, however minutes of staff meetings were not formally recorded. Mr Thompson agreed to record the minutes of future staff meetings. Mr Thompson was advised the staff meeting minutes should be retained and shared with any staff members unable to attend. 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 and that there was effective communication in the practice.

## Patient and staff views

All submitted patient questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All 17 patients also indicated that they were very satisfied with this aspect of care. Comments provided included the following:

- 'Various choices given, aspects of patient's lifestyle/personal conditions, all observed.'
- 'Staff always available to ask and answer questions of concern for me.'
- 'Had dental implants last year and the treatment before and after was second to none.'
- 'With having a gum condition, I have learned so much and have achieved great results through treatment.'
- 'Excellent dentist, no complaints.'

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. All five staff 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 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
<b>Total number of areas for improvement</b>	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 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 which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

## Patient and staff views

All submitted patient questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All 17 patients also indicated that they were very satisfied with this aspect of care. Comments provided included the following:

- 'I am more than satisfied.'
- 'Due consideration always given.'

- 'Fully respectful at all times.'
- 'I always am fully involved with all the care I receive.'
- 'I was extremely nervous when I started here. I was always listened to and all concerns put to ease.'

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. All five staff also 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 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
<b>Total number of areas for improvement</b>	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 Thompson is the nominated individual with overall responsibility for the day to day management of the practice.

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

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The 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.

Mr Thompson and 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 Thompson demonstrated a clear understanding of his role and responsibility in accordance with legislation. It was confirmed that the statement of purpose and patient's guide 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 submitted patient questionnaire responses indicated that they felt that the service is well led. All 17 patients indicated that they were very satisfied with this aspect of the service. Comments provided included the following:

- 'The whole practice is well organised and well led- from the dentist, hygienist, receptionist, all are helpful and efficient.'
- 'Always treated with courtesy and respect.'
- 'A really good and efficient dental practice at all times.'
- 'All aspects of the service are excellent.'
- 'Very happy with long term care in this well run practice.'

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

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 Owen Thompson, 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](mailto: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](http://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><b>Area for improvement 1</b></p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2017</p>	<p>The registered person shall further develop the safeguarding adults at risk of harm policy to reflect current best practice guidance.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>- The Safeguarding Adults Education file and policy document has been upgraded to include the current policy parameters as outlined by HSC. All staff have been informed of the changes bringing them up to date with the new policy and they have read the documents and discussed as a group as part of ongoing CPD.</p> <p>As the Registered person, I am actively seeking approved CPD courses to improve my awareness of any recent changes.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2017</p>	<p>The registered person shall ensure Buccolam pre-filled syringes are provided in sufficient quantity and dosage as recommended by the HSCB.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Further to discussions, the existing medications are due for renewal and will be replaced by</p> <p>4 x 5mg Buccolam 4 x 2.5mg Buccolam pre-loaded syringes.</p> <p>This combination allows for all permutations of doses applicable for all age ranges i.e. 2.5 mg, 5mg, 7.5mg and 10mg</p> <p>The medical emergencies folder has been appropriately updated and all staff have been informed of the changes bringing them up to date with the new presentation.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2017</p>	<p>The registered person shall ensure that details of the daily automatic control test undertaken for each steriliser are recorded in the respective log and signed by the operator.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>As lead decontamination nurse, Clare has set up a system whereby</p> <p>1 - the test cycle is run at 0830 and the data is uploaded to the reader card attached to the machine</p> <p>2 - The data card for each machine is taken to a workstation and read on completion of the cycle to ensure adequate parameters met</p>

	<p>3 - Temperature and holding times are recorded in a spreadsheet taken from HTM 01-05 guidelines</p> <p>4 - The autoclaves are signed off as fit for purpose for the session.</p> <p>5 - As the clinical lead, Clare checks all the sign offs to ensure compliance and is responsible for reporting any discrepancies that occur.</p>
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***\*Please ensure this document is completed in full and returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) from the authorised email address\****



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