

Announced Care Inspection Report 19 September 2016



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.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Waterside Dental took place on 19 September 2016 from 10.00 to 13.15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mr Owen Thompson, registered person, and staff demonstrated that, in general, systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One requirement has been to ensure two written references are sought and retained for any person commencing work in the dental practice. One recommendation was stated for the second time in relation to obtaining documentation as outlined in legislation within the recruitment process.

Is care effective?

Observations made, review of documentation and discussion with Mr Thompson and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Thompson and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/ registered provider: Mr Owen Thompson	Registered manager: Mr Owen Thompson
Person in charge of the service at the time of inspection: Mr Owen Thompson	Date manager registered: 2 November 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 5

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Thompson, dentist and registered person, a dental nurse and a receptionist. A tour of the premises was also undertaken.

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

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 May 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 19 May 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15(3) Stated: Second time	<p>The following issues in relation to machines used during the decontamination process should be addressed.</p> <ul style="list-style-type: none"> Establish a system to record the cycle parameters of the two non-vacuum sterilisers and the Statim steriliser. Ensure records are retained for not less than two years; and Ensure that the logbooks for the machines used during the decontamination process fully reflect the periodic testing regime as outlined in HTM 01-05. 	Met
	<p>Action taken as confirmed during the inspection: Discussion with Mr Thompson and a dental nurse and observation confirmed that data loggers have been installed on both non-vacuum sterilisers and the statim steriliser and are uploaded to the practice computer on a weekly basis.</p> <p>It was observed that templates are used to record the periodic tests for the machines used in the decontamination process. Review of the templates demonstrated that periodic tests are undertaken and recorded in accordance with HTM 01-05.</p>	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.4 Stated: First time	<p>It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date should be recorded on the medication packaging and expiry date check list to reflect that the cold chain has been broken. If being stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of the emergency medication kit confirmed that Glucagon medication was stored at room temperature and a revised expiry date was recorded on the medication.</p>	

<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>It is recommended that the following issues in relation to medical emergency equipment should be addressed:</p> <ul style="list-style-type: none"> portable suction as recommended by the Resuscitation Council (UK) guidelines should be provided and advice and guidance should be sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained which included portable suction and an AED. Mr Thompson confirmed that staff had received training in the use of the AED.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that a recruitment policy is established. The policy and procedure should include the following information:</p> <ul style="list-style-type: none"> Advertising and application process Shortlisting, interview and selection process Issuing of job description and contracts/agreements Employment checks including two written references, exploration of employment history including any gaps in employment; Pre-employment checks including physical and mental health and AccessNI and Evidence of professional qualifications and GDC registration if applicable 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Mr Thompson advised that the practice retains the services of a human resources consultant for the recruitment and selection of staff. A recruitment policy had not been developed and was discussed with Mr Thompson.</p> <p>On 04 October 2016 RQIA received an electronic mail from Mr Thompson which provided a copy of the recruitment policy for Waterside Dental. Review of the policy stated that recruitment procedures and processes undertaken would be compliant with the regulatory parameters outlined within legislation.</p>		

<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.</p> <p>Action taken as confirmed during the inspection: Discussion with Mr Thompson and review of documentation confirmed that AccessNI disclosure certificates are handled in accordance with the Access NI code of practice.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First 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"> • positive proof of identity, including a recent photograph • evidence that an enhanced AccessNI check was received prior to employment • two written references; • details of full employment history, including an explanation of any gaps in employment • documentary evidence of qualifications, where applicable; • evidence of current GDC registration, where applicable • criminal conviction declaration on application • confirmation of physical and mental health and • evidence of professional indemnity insurance, where applicable <p>Action taken as confirmed during the inspection: Discussion with Mr Thompson and review of the submitted staffing returns confirmed that since the previous inspection two new staff have commenced work in the practice.</p> <p>Review of the new staff member's personnel files demonstrated that one staff member was no longer employed in the practice, and that for this staff member, all of the above information was provided with the exception of two written references. Mr Thompson stated that he did not seek written references for this individual as he considered this to be in breach of the Data Protection Act in respect of holding information superfluous to requirement.</p>	<p>Partially Met</p>

	<p>Mr Thompson was referred to Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 which outlines the records to be retained for any person working in the dental practice and clearly states two written references should be provided. Further discussion and correspondence took place between RQIA and Mr Thompson regarding the role of the Information Commissioner’s Office (ICO), the data protection legislation and The Independent Health Care Regulations (Northern Ireland) 2005. It was concluded that the recruitment process in Waterside Dental should include the attainment and retention of two written references, relating to the person, for any person working in the dental practice. A requirement has been made in this regard.</p> <p>In relation to the second staff member, a personnel file was not provided, however an AccessNI enhanced disclosure check had been completed by Waterside Dental. Mr Thompson stated that as the staff member was a trainee dental nurse on placement from a training college, that he understood that the college had completed all appropriate recruitment documentation. However, on further discussion with Mr Thompson following the inspection, it was confirmed that the trainee nurse had also been directly employed by the practice to cover additional shifts in the practice. With the exception of the enhanced AccessNI check, information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had not been obtained. This recommendation has therefore been stated for a second time.</p>	
<p>Recommendation 6</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that a staff register should be developed and retained containing staff details including, name, date of birth, position; dates of employment; details of professional qualification and professional registration with the GDC, where applicable.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of documentation confirmed that a record of all staff working in the practice was available; the record provided the information as outlined in this recommendation.</p>	<p>Met</p>

<p>Recommendation 7</p> <p>Ref: Standard 9</p> <p>Stated: First time</p>	<p>It is recommended that the results of the patient consultation should be collated in a summative report and made available to patients.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Mr Thompson confirmed that it is practice policy to contact each patient following their treatment to enquire on their satisfaction of the treatment provided and if they have any queries, this is good practice.</p> <p>In addition to this, a patient consultation process undertaken from January 2016 to August 2016 was nearing completion, Mr Thompson confirmed that a summative report would be provided for patients.</p>		

4.3 Is care safe?

Staffing

Five dental surgeries are provided in the practice, however, only four surgeries are currently in operation. 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 review of the practice's induction programme demonstrated that a very thorough induction process was in place. The practice has dedicated files for each area within the dental practice and discussion with staff confirmed that each new employee is mentored through the 'Safe Start' induction programme. In addition each new employee is provided with an employment handbook. This is good 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. A review of a sample of one evidenced that appraisals had been completed on an annual basis. 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

Discussion with Mr Thompson and review of the submitted staffing returns confirmed that since the previous inspection two new staff had commenced work in the practice.

As discussed previously, review of the both staff member's personnel files demonstrated that one staff member was no longer employed in the practice, and that for this staff member, all of the required information as stated in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, was provided with the exception of two written

references. Mr Thompson stated that he did not seek written references as he considered this to be in breach of the Data Protection Act in respect of holding information superfluous to requirement.

Mr Thompson was referred to Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 which outlines the records to be retained for any person working in the dental practice and clearly states two written references should be provided. Further discussion and correspondence took place between RQIA and Mr Thompson regarding the role of the Information Commissioner's Office (ICO), data protection legislation and The Independent Health Care Regulations (Northern Ireland) 2005. It was concluded that the recruitment process in Waterside Dental should include the attainment and retention of two written references, relating to the person, for any person working in the dental practice. A requirement has been made in this regard.

In relation to the second staff member, a personnel file was not provided, however an AccessNI enhanced disclosure check had been completed by Waterside Dental. Mr Thompson stated that as the staff member was a trainee dental nurse on placement from a training college, that he understood that the college had completed all appropriate recruitment documentation. However, on further discussion with Mr Thompson following the inspection, it was confirmed that the trainee nurse had also been directly employed by the practice to cover additional shifts in the practice. With the exception of the enhanced AccessNI check, information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had not been obtained. As discussed previously a recommendation has been stated for a second time.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Policies and procedures were in place for the safeguarding and protection of adults and children. 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.

A copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was available in the practice for staff reference and staff confirmed this new guidance document had been discussed in a recent practice meeting.

The new regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 was not available in the practice. Following the inspection, information regarding this document was sent by electronic mail to Mr Thompson who confirmed that safeguarding policies and procedures would be further reviewed and updated to reflect both the new adult and children regional guidance documents.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. As previously stated, since the previous inspection portable suction and an AED have been provided in the practice.

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. A dedicated 'Management of Medical Emergencies' file was in place which provided detailed protocols for the management of medical emergencies, the file also included photographs of the emergency medication and equipment. This training resource is to be commended and would be of great benefit for any new staff member and for refresher training for existing staff.

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 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. A dedicated Cross Infection Manual was provided for staff induction, staff training and as a source of reference. Training records were available for inspection.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector, a DAC Universal and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

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

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. 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 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

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. 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.

Mr Thompson confirmed that the pressure vessels in the practice had been inspected in keeping with the written scheme of examination.

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

Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- 'This practice is like a happy family who greet you and make you feel at ease. I always feel safe and at ease during my treatment. The environment is very clean and very well maintained. Yes I feel very safe.'
- 'Always.'
- 'Excellent dental practice.'
- 'The staff are always approachable, caring & understanding. I am very happy with staffing levels and cleanliness of the premises.'
- 'All of the above points are well met.'
- 'Felt very safe and protected from harm.'
- 'Excellent in every way.'
- 'Runs like clockwork.'
- 'Excellent environment to receive dental care.'

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were provided in submitted staff questionnaires.

Areas for improvement

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.

Information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained in respect of any new staff working in the practice.

Number of requirements	1	Number of recommendations:	1
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4.4 Is care effective?

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.

Staff meetings are held on a regular 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 20 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- 'I have always had sufficient information and always had a say, the staff are charming and always have plenty of time for me.'
- 'Knowledgeable staff capable of keeping one informed.'
- 'Always my interests before the practice'
- 'The care plan I require has been well explained; if I have any concerns I am happy to discuss them and I am confident they will be listened to.'
- 'Have great confidence in those dealing with my care.'
- 'Couldn't wish for better care.'
- 'I am so pleased with my dental practice, both hygienist and dentist. First class in every way.'
- 'Excellent service.'
- 'A high standard of professional care.'
- 'Mr Thompson and his team have provided my dental care for approx. 10 years and I couldn't ask for better care.'

Four 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. Staff spoken with during the inspection concurred with this. No comments were provided in submitted staff questionnaires.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

Mr Thompson confirmed that it is practice policy to contact each patient following their treatment to enquire on their satisfaction of the treatment provided and if they have any queries, this is good practice. In addition to this, a patient consultation process undertaken from January 2016

to August 2016 was nearing completion, Mr Thompson confirmed that a summative report would be provided for patients.

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 of the 20 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- 'At all times'
- 'The care in Waterside is very compassionate and I am always treated with dignity and respect, the staff and Owen are very caring and they always have plenty of time for me.'
- 'Any potential treatments are fully discussed to include all possible treatment options and "pros" and "con" allowing easy patient decision making.'
- 'The staff are very respectful of my privacy; I am happy with their approach and compassionate nature.'
- 'Always fully informed and treated with good care and full attention to queries.'
- 'Very much so, excellent.'
- 'Yes, super customer service.'
- 'From the lead dentist to the telephonist there is a protocol of personal attention.'
- 'I have every confidence in all aspects of my dental treatment at Waterside.'
- 'I have been a patient for quite some time at this practice and have always found great care and compassion – I feel so lucky to be a patient here.'
- 'All clinical information is given to me and I am allowed time to think about the decisions I have to make regarding treatment. All options are thoroughly explained.'

Four 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. Staff spoken with during the inspection concurred with this. No comments were provided in submitted staff questionnaires.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Management and governance arrangements

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.

There was a 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 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 one complaint had been recorded and had 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 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. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

All 20 submitted patient questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- 'The service is managed very well and the staff are all charming. The best dentist I ever had.'
- 'Practice principal appears to be a leader at the forefront of dentistry as is the hygienist and the surgeon.'
- 'The service is well managed; the staff are motivated and keen to provide a good quality of service. I am satisfied with the overall knowledge across all departments.'
- 'Well managed, only concerning area is when treatment leads to extra costs- not clearly outlined at the initial stage.'
- 'Excellent.'
- 'Management and all staff super.'

- ‘Good teamwork is evident. They all seem to know what is expected of them. Even reminder calls by telephone to home is innovative.’
- ‘I am very happy with the above considerations.’
- ‘All the staff are so very helpful especially the dentist in charge, such high standards.’
- ‘All the staff are aware of their role and responsibilities, it is evident this is an excellent team who are focused and provide excellent care.’

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were provided in submitted staff questionnaires.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Owen Thompson, registered person, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

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

5.3 Actions taken by the Registered Provider

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

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

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 19 November 2016</p>	<p>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.</p> <p>Response by registered provider detailing the actions taken: 2 x written references have been obtained for the new employee as requested and will be retained for 3 years from the commencement of appointment,</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p> <p>To be completed by: 19 November 2016</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"> • positive proof of identity, including a recent photograph • evidence that an enhanced AccessNI check was received prior to employment • two written references; • details of full employment history, including an explanation of any gaps in employment • documentary evidence of qualifications, where applicable; • evidence of current GDC registration, where applicable • criminal conviction declaration on application • confirmation of physical and mental health and • evidence of professional indemnity insurance, where applicable <p>Response by registered provider detailing the actions taken: All of the above were present for inspection, except for the 2 x written references. At inspection, the inspector was asked how the regulations related to the Data Protection Act in relation to retention. She was unable to answer the question and instead resorted to quoting the regulations.</p> <p>The confusion relating to the regulations and the Data Protection Act in relation to retaining references was again addressed to the inspector and the line manager, however again they were only able to quote the regulations "ad verbatim" and it appeared there were unable to answer the query with any satisfaction. In light of the fact that the question</p>

	<p>remained unanswered, I had to contact the Information Commissioner help desk - they were able to provide a satisfactory answer immediately and clear up the genuine query.</p> <p>In light of the response from the Information Commissioner, the references were sought and will be retained for 3 years from employee appointment.</p>
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