

# Announced Care Inspection Report 22 February 2017



## Visodental

**Type of service: Independent Hospital (IH) – Dental Treatment**

**Address: 5 Pump Street, Derry, BT48 6JG**

**Tel no: 028 7130 8762**

**Inspector: Stephen O'Connor**

## 1.0 Summary

An announced inspection of Visodental took place on 22 February 2017 from 10:50 to 12:40.

The inspection sought to assess progress with any issues raised 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.

### **Is care safe?**

Observations made, review of documentation and discussion with Ms Patricia Mullan, registered person and staff demonstrated that further development is needed to ensure that care provided to patients is 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. A requirement made during the previous care inspection in regards to staff personnel files had not been fully addressed and it has been stated for a second time. One requirement and two recommendations have been made as a result of this inspection. The requirement relates to the validation of decontamination equipment and the recommendations are to undertake a weekly protein test in respect of the DAC Universal and establish servicing arrangements for the intra-oral x-ray machines.

### **Is care effective?**

Observations made, review of documentation and discussion with Ms Mullan 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 Ms Mullan 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 in the main 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. As discussed above a number of issues were identified within the domain of is care safe which relate to quality assurance and good governance. Implementation of the requirement and recommendations made under the Is care safe, domain will further enhance the governance arrangements in the practice. No requirements or recommendations have been made under the well led domain.

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
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Patricia Mullan, 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 QIP there were no further actions required to be taken following the most recent inspection on 07 October 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Ms Patricia Mullan	<b>Registered manager:</b> Ms Patricia Mullan
<b>Person in charge of the practice at the time of inspection:</b> Ms Patricia Mullan	<b>Date manager registered:</b> 26 February 2013
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

### 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 Ms Patricia Mullan, registered person and the practice manageress who also undertakes reception duties. A tour of some areas 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 7 October 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 7 October 2015**

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> Ref: Regulation 15 (2) (b) Stated: <b>Second time</b>	Establish a logbook for the DAC Universal. The logbook should contain the following information; <ul style="list-style-type: none"> <li>• Details of the machine and location;</li> <li>• Commissioning report;</li> <li>• Daily/weekly test record sheets;</li> <li>• Quarterly test record sheets; (if required)</li> <li>• Service/validation certification;</li> <li>• Fault history;</li> <li>• Records to show staff have been trained in the correct use of the machine;</li> <li>• Relevant contacts e.g. service engineer.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that a logbook has been established for the DAC Universal. The logbook contained the information	

	<p>in relation to the periodic testing with the exception of a weekly protein test.</p> <p>This requirement has been met and a recommendation has been made regarding the recording of a weekly protein test.</p>	
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 13</p> <p><b>Stated: First time</b></p>	<p>The registered person must ensure that the following issues in relation to enhanced AccessNI checks are addressed:</p> <ul style="list-style-type: none"> <li>• enhanced AccessNI checks must be undertaken for the three identified staff members;</li> <li>• enhanced AccessNI checks must be received prior to any new staff commencing work in the practice; and</li> <li>• enhanced AccessNI checks must be handled in keeping with the AccessNI Code of Practice.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that AccessNI enhanced disclosure checks had been undertaken and received for the three staff members identified during the previous inspection.</p> <p>Review of staffing information evidenced that one new member of staff has commenced employment in the practice since the previous inspection. Review of the personnel file for the identified staff member evidenced that an AccessNI enhanced disclosure check had been undertaken and received prior to commencement of employment.</p> <p>It was observed that AccessNI checks have been handled in keeping with the AccessNI Code of Practice and all relevant information recorded.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 19 (2) (d)</p> <p><b>Stated: First time</b></p>	<p>The registered person must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity must be added to the staff file reviewed.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the personnel file for the staff member identified during the previous care inspection evidenced that it included proof of identity.</p>	<p><b>Partially Met</b></p>

	<p>As discussed one new member of staff has commenced employment in this practice since the previous inspection. Review of the identified staff members file evidenced that not all information as outlined in Schedule 2 had been sought and retained. The file did not include a criminal conviction declaration, an employment history to include exploration of gaps in employment (if applicable) or a contract of employment.</p> <p>Additional information in regards to staff personnel files can be found in section 4.3 of this report.</p> <p>This requirement has not been fully addressed and it has been stated for the second time.</p>	
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<p><b>Recommendation 1</b> Ref: Standard 13  Stated: Second time</p>	<p>Results of the daily automatic control test for the non-vacuum steriliser should be recorded in the pre-printed logbook provided.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of the steriliser logbook evidenced that the results of the daily automatic control test (ACT) are recorded.</p>	<b>Met</b>
<p><b>Recommendation 2</b> Ref: Standard 13  Stated: Second time</p>	<p>The damaged floor covering in surgery two should be repaired or replaced.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> It was observed that new flooring in keeping with the specifications outlined in the 2013 edition of Health Technical Memorandum (HTM) 01-05 has been installed in surgery two.</p>	<b>Met</b>
<p><b>Recommendation 3</b> Ref: Standard 12.4  Stated: First time</p>	<p>It is recommended that Miss Mullan consult with her medico-legal advisor in regards to the provision of an AED in the practice. Any recommendations made by the medico-legal advisor should be addressed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> An automated external defibrillator (AED) was observed to be available in the practice. Ms Mullan confirmed that staff have been trained in the use of the AED. Both adult and paediatric AED pads are available.</p>	<b>Met</b>

<b>Recommendation 4</b>  <b>Ref:</b> Standard 12.4  <b>Stated: First time</b>	It is recommended that oropharyngeal airways in the various sizes and portable suction are available in the practice in keeping with the Resuscitation Council (UK) guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Oropharyngeal airways in various sizes were observed to be available in the practice.	

### 4.3 Is care safe?

#### Staffing

Two dental surgeries are available in Visodental, one surgery is in full time operation and one surgery operates two days a week. Discussion with Ms Mullan and staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

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. Ms Mullan undertakes training reviews and completes personal development plans for staff. The documenting of staff appraisals was discussed with Ms Mullan.

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 discussed, review of submitted staffing information evidenced that one new member of staff has commenced employment in Visodental since the previous inspection. Review of the identified personnel file demonstrated that some documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. However, a criminal conviction declaration, an employment history or a contract of employment had not been sought and retained. As discussed a requirement has been stated for the second time in respect of recruitment documentation and staff personnel files.

It was suggested that the development of a recruitment checklist to include all documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would help to ensure all required documentation will be sought and retained in the future. Ms Mullan confirmed that Visodental had recently appointed an external organisation to support the practice in relation to all Human Resources (HR) issues.



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

## **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.

Ms Mullan and staff confirmed that all staff receive training in safeguarding children and adults during induction and that refresher training in keeping with The Minimum Standards for Dental Care and Treatment 2011 has been provided at staff meetings.

Ms Mullan confirmed that one overarching safeguarding policy to include adults and children is in place. 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 discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

On the afternoon of the inspection the following regional safeguarding documentation was forwarded to Ms Mullan by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- Adult protection gateway contact information

Ms Mullan readily agreed to update the practice safeguarding policy to ensure it fully reflects the regional guidance and to provide refresher training to all staff following the implementation of the updated policy.

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment. It was suggested that the expiry dates of medical emergency equipment is included in the emergency medicines expiry date checklist.

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.

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. It was confirmed that staff have received training in infection prevention and control and decontamination in keeping with best practice.

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 disinfectant, a DAC Universal and a steam steriliser have been provided to meet the practice requirements. A review of documentation evidenced that the most recent occasion the equipment used in the decontamination process had been validated was May 2015. This is not in keeping with the validation specifications as outlined in Health Technical Memorandum (HTM 01-05) Decontamination in primary care dental practices. A requirement has been made to address this. Although the validation of the equipment was not current, records were available to confirm the equipment had been repaired following faults.

A review of equipment logbooks evidenced that in the main periodic tests are undertaken and recorded in keeping with HTM 01-05. It was confirmed that a weekly protein residue test in respect of the DAC Universal is not undertaken. A recommendation has been made to address this.

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 November 2016. It was established that the IPS audit being completed was the 2009 version as opposed to the 2013 version. On the afternoon of the inspection a copy of the 2013 audit was forwarded to Ms Mullan by email.

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

### **Radiography**

The practice has two 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 visit by the RPA demonstrated that the recommendations made have been addressed.

Review of records evidenced that the VistaScan machine used to process x-rays was serviced on 24 March 2014. Ms Mullan confirmed that in keeping with the manufacturer's instructions this machine will be serviced every three years. It was confirmed that no arrangements are in place for the routine servicing of the intra-oral x-ray machines. A recommendation has been made to address this.

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 to include servicing of the fire detection system and intruder alarm twice a year. The firefighting equipment and gas heating boiler are serviced annually. Review of records confirmed that the most recent occasion electrical equipment had a portable appliance test (PAT) was on 2 February 2017 and the fixed electrical wiring installation inspection is due during April 2018.

Ms Mullan confirmed that the fire and legionella risk assessments are reviewed annually and that water temperatures are monitored and recorded.

Review of documentation evidenced that the pressure vessels in the practice have been inspected, in keeping with the written scheme of examination of pressure vessels, during August 2016.

## **Patient and staff views**

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

- 'Absolutely completely informed. Also I just recently commented to the staff that it was a beautiful space in which to work'
- 'All members of the team in Visodental are extremely professional and confident in their roles'
- 'No fear coming to this dental practice whatsoever'
- 'Lovely place'
- 'Excellent safety'
- 'Patricia and ladies on reception are fantastic'
- 'Yes excellent service'
- 'I have felt very safe and comfortable during all my appointments'

- ‘Every confidence in the professionalism of the practice’
- ‘Brilliant dentist, always feel at ease’
- ‘XXXX and Patricia provide safe practice’

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. The following comment was included in a questionnaire response:

- ‘Good induction training. I was shown how to keep patients safe and deliver care in the correct manner’

**Areas for improvement**

Staff personnel files including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Decontamination equipment should be validated and arrangements established to ensure the equipment is revalidated in keeping with HTM 01-05.

Weekly protein residue tests should be undertaken in respect of the DAC Universal and results recorded in the machine logbook.

The servicing arrangements of all x-ray equipment should be established and records retained to confirm the equipment has been serviced in keeping with the manufacturer’s instructions.

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	2
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**4.4 Is care effective?**

**Clinical records**

Ms Mullan 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 it was confirmed 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. Ms Mullan confirmed that oral health is actively promoted on an individual level with patients during their consultations. Oral health and hygiene information leaflets are available in the practice and models and an electronic educational programme are used for demonstration purposes during discussions. It was observed that a television in the waiting room plays slideshows to include information about the practice and oral health and hygiene. Ms Mullan also confirmed that the practice Facebook page includes information in relation to oral health and hygiene.

A range of oral health products are available for purchase in the practice and free samples of toothpaste and mouth wash are distributed. Two intra-oral cameras are available for use; these are used to show images of the patient's mouth. The provision of intra-oral cameras exceeds best practice guidance. Ms Mullan confirmed that the practice actively participates in national campaigns.

## 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

Ms Mullan confirmed that she is reviewing the audit programme and will be completing an audit of clinical records later this year.

## Communication

Ms Mullan 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 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.

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

## Patient and staff views

All 19 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. Comments provided included the following:

- 'Yes everyone at the practice where extremely helpful'
- 'As a relatively new patient I am fully informed of each treatment required and the cost of same'
- 'Patient care is very clearly the main concern of the team, they treat me and my children with care, patience, great time and empathy'
- 'Everything is explained and any problems that may arise are dealt with immediately'

- ‘The treatment plan is excellent. Very clear and informative’
- ‘Very accommodating allowing me to changes dates of appointments due to work commitments’
- ‘Very pleased with the care I have received at Visodental and very happy with the work done to my teeth’
- ‘Always accommodating’
- ‘XXXX and Patricia provide holistic, safe client care’

All 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. The following comment was included in a questionnaire response:

- ‘This practice strives to ensure the patient receives the best care, is dentally fit and pain free. Clinical notes are rigidly recorded to a high standard, staff meetings to discuss and improve on things’

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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.

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 19 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:

- ‘Patricia and her staff are not only highly competent at their roles but also have due care and respectability towards their patients. Their client care and client satisfaction is paramount and is shown at every visit’
- ‘It is evident that patient care and personalised treatment for each of us is of sufficient importance in Visodental. There is an exceptional atmosphere of care and trust in the practice’
- ‘Patricia is amazing. I do not like any visits to the dentist but Patricia is very calming, helpful and very eager to inform’
- ‘All staff are very professional and friendly’
- ‘Visodental offers a fabulous confidential service’
- ‘Could not have done more for me’
- ‘Having a big fear of dentists throughout my life I can truthfully say that all staff made me feel at such ease that I actually lost a big chunk of aforementioned fear’
- ‘XXXX and Patricia always treat me with dignity and respect and ensure that I can make informed decisions regarding the care of my teeth’

All 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. The following comment was included in a questionnaire response:

- ‘Patients are fully involved in treatment decisions at this practice. Clear treatment plans printed and discussed with patients. Patient charts, treatment, patient details are fully confidential’

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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. Ms Mullan has 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 an annual basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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.

Ms Mullan 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. Implementation of the requirement and recommendations made under the Is care safe, domain will further enhance the governance arrangements in the practice.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

The registered provider/manager demonstrated a clear understanding of their 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 19 patients who submitted questionnaire responses indicated that they feel that the service is well managed. Comments provided included the following:

- 'I am fully aware of all practices and procedures and as a relatively new patient most helpful and informative. Patricia and her staff are a credit to their profession. I couldn't be more happier'
- 'Any appointments I have attended I can see the smooth running of the practice with all the team working together and aware of their roles within the practice'
- 'Cannot recommend this dental practice enough'
- 'Always informed about any changes in dental plan both verbally and written'
- 'Yes very well'
- 'XXXX and Patricia are excellent dentists who provide a very well managed service'



All four submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. The following comment was included in a questionnaire response:

- 'I can go to Dr Mullan the practice principle with any issues; she is very approachable and always deals with my queries. I am aware of the complaints procedure/policy, staff folder available for role guidance if required'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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 Ms Mullan, 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 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.

## 5.2 Recommendations

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/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. 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.

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

**Requirement 1**  
**Ref:** Regulation 19 (2) (d)  
**Stated:** Second time

The registered person must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity must be added to the staff file reviewed.

**To be completed by:**  
 22 February 2017

**Response by registered provider detailing the actions taken:**  
 Proof of identity added to staff file reviewed and all other staff folders checked and verified for proof of identity.

**Requirement 2**  
**Ref:** Regulation 15 (3)  
**Stated:** First time

Ms Mullan must ensure that all equipment used to decontaminate reusable dental instruments is validated and arrangements established to ensure the equipment is revalidated in keeping with Health Technical Memorandum (HTM) 01-05.

**To be completed by:**  
 22 April 2017

**Response by registered provider detailing the actions taken:**  
 Appointment has been scheduled with local company to validate necessary equipment prior to 22<sup>nd</sup> April 2017.

### Recommendations

**Recommendation 1**  
**Ref:** Standard 13.4

A weekly protein residue test must be undertaken in respect of the DAC Universal and results recorded in the machine logbook.

**Stated:** First time

**Response by registered provider detailing the actions taken:**  
 Issue raised with staff and actioned appropriately.

**To be completed by:**  
 22 February 2017

**Recommendation 2**  
**Ref:** Standard 14.4

Ms Mullan should review the manufacturer's instructions and establish the servicing arrangements for all x-ray equipment in the practice. Records should be retained to confirm that the x-ray equipment has been serviced in keeping with the manufacturer's instructions.

**Stated:** First time

**Response by registered provider detailing the actions taken:**  
 Following advice from our Radiation Protection Advisor, we have emailed Kodak R4 engineers and DMI Servicing with a view to formalising our servicing arrangements for all x-ray equipment. We plan to have the new procedures in place before 22<sup>nd</sup> April 2017 based on their recommendations.

**To be completed by:**  
 22 April 2017



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