Unannounced Care Inspection Report
4 December 2017

Ballymena Dental Care

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: 38 Broughshane Street, Ballymena BT43 6EB
Tel No: 02825652144
Inspectors: Emily Campbell and Carmel McKeegan

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 provider 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 two registered places providing private and NHS dental care and treatment.

3.0 Service details

Organisation/Registered Provider: Dental World 1 Limited **Responsible Individual:** Ms Ritu Dhariwal	**Registered Manager:** Vacant
Person in charge at the time of inspection: Miss Linda McVey	**Date manager registered:** Application not yet submitted
Categories of care: Independent Hospital (IH) - Dental Treatment	**Number of registered places:** 2

4.0 Inspection summary

An unannounced inspection took place on 4 December 2017 from 10.05 to 14.55.

The focus of the inspection was to review the infection prevention and control and decontamination arrangements, the arrangements for the management of a medical emergency, radiology and radiation protection arrangements and the management of operations and governance arrangements in Ballymena Dental Care. This was following information being received by RQIA, from a staff member working in another Dental World 1 Limited practice.

A detailed review of the current arrangements identified a number of areas of concern in respect of the infection prevention and control and decontamination arrangements and the management of operations and the organisation's governance arrangements at this practice.

As a result of the issues identified RQIA were concerned that the safeguards to protect and minimise risk to patients have been compromised. Following consultation with senior management in RQIA, Ms Ritu Dhariwal, registered person, was invited to a serious concerns meeting at the offices of RQIA on 21 December 2017. Ms Dhariwal was unable to attend this meeting and subsequently the meeting was rescheduled to12 January 2018. Ms Dhariwal was unable to attend this meeting and nominated Mr Suken Shah, company director, Ms Monica Shah, compliance manager, and Miss Linda McVey, registered manager Dental World 1 Limited, to attend on her behalf.

At this meeting, Mr Shah, Ms Shah and Miss McVey provided an account of the actions taken to date and the proposed actions to be taken to ensure the minimum improvements necessary to achieve compliance with the legislative requirements identified. RQIA were assured that the appropriate actions to address the identified issues were being taken.

Having considered the assurances provided, and to ensure sustained compliance 10 areas for improvement against the regulations and six areas of improvement against the standards were made regarding the management of operations and governance arrangements.

Eight areas for improvement against the regulations and two areas of improvement against the standards were made regarding the infection prevention and control and decontamination arrangements.

In addition to the areas of concern outlined above, two areas for improvement were made against the standards in relation to the management of a medical emergency and one area for improvement against the regulations was made in relation to radiology.

There is a lack of governance and oversight arrangements within the establishment and the areas for improvement identified during this inspection must be actioned to ensure improvements are made. It is also important to keep them under review to ensure the improvements made are sustained.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	19	10

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Miss Linda McVey, registered manager, Dental World 1 Limited, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

4.2 Action/enforcement taken following the most recent care inspection dated 6 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the pre-registration care inspection on 6 December 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the pre-registration care inspection
- the registration status of the establishment
- written and verbal communication received since the pre-registration care inspection
- the returned QIP from the pre-registration care inspection
- the pre-registration care inspection report

During the inspection the inspectors met with Miss Linda McVey, registered manager Dental World 1 Limited, an associate dentist, a dental nurse and a receptionist who is also dental nurse trained. A tour of the premises was also undertaken.

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

- management and governance arrangements
- staffing
- recruitment and selection
- training
- infection prevention and control and decontamination
- management of medical emergencies
- radiography

Areas for improvement identified at the pre-registration care inspection, pertinent to this inspection, were reviewed and assessment of compliance recorded as met, partially met, or not met. Other areas for improvement were not reviewed as part of this inspection and have been carried forward for review at the next care inspection.

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 inspections dated 6 December 2016

The most recent inspections of the establishment were pre-registration care and premises inspections.

The completed care and premises inspection QIPs were returned and approved by the care and estates inspectors respectively.

6.2 Review of areas for improvement from the last care inspection dated 6 December 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**
Area for improvement 1 **Requirement 1** **Ref**: Regulation 3, Schedule 1 Part 2 (6) **Stated:** First time	The registered person must formally notify RQIA of the change of registered manager applicant and a full and completed application in respect of Ms Hanson is to be submitted to RQIA.	**Met**
	Action taken as confirmed during the inspection: RQIA were notified of the change of registered manager applicant and application in respect of Ms Hanson was received. Ms Hanson notified RQIA by email on 2 December 2017 that, as of 1 December 2017, she was no longer the registered manager of Ballymena Dental Care.	
Area for improvement 2 **Ref**: Regulation 15 (7) **Stated:** First time	The registered person must review the layout of the equipment contained in the decontamination room and the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments in keeping with best practice as outlined in HTM 01-05.	**Met**
	Action taken as confirmed during the inspection: The illuminated magnification inspection light was observed to be located between two sterilisers, which did not facilitate the flow from dirty through to clean areas. However, photographic evidence was provided to RQIA on 22 December 2017 evidencing that the inspection light was appropriately located and facilitated the dirty to clean flow.	

Area for improvement 3 **Ref**: Regulation 15 (2) **Stated:** First time	The registered person must ensure that the statim steriliser and any other decontamination equipment in use in the practice is validated in accordance with HTM 01-05 and arrangements established for annual revalidation thereafter.	**Met**
	Action taken as confirmed during the inspection: Review of documentation evidenced that decontamination equipment had been validated.	

Area for improvement 4 **Ref**: Regulation 15 (1) **Stated:** First time	The registered person must ensure that a thorough review of the radiation protection file is undertaken and actions implemented to address the following issues identified: • the recommendation made by the RPA in 2014 to address the cracked tube head in surgery 9 as a matter of urgency must be actioned • the file should contain one set of local rules and correctly identify the radiation protection supervisor (RPS) • the correct copy of the local rules should be on display near each intra-oral x-ray machine • staff to sign to confirm they have read and understood the radiation protection file and local rules • x-ray quality audits should be undertaken six monthly • x-ray justification and clinical evaluation recording should be undertaken annually • the employer's procedures must reflect all of the relevant components • x-ray equipment must be serviced and maintained in accordance with manufacturer's instructions	**Met**
	Action taken as confirmed during the inspection: The response submitted by the registered persons indicated that this area for improvement had been addressed. Since the previous inspection a new radiation protection advisor (RPA) has been appointed and a quality assurance check was carried out by the RPA on 24 November 2017. The radiation protection file had not been returned to the practice at the time of inspection; however, a copy of the RPA report was emailed to the practice during the inspection for review. A review of the RPA report confirmed that a number of recommendations have been made. An area for improvement against the regulations was made in this regard.	

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 **Ref**: Standard 1 **Stated:** First time	The statement of purpose (SOP) should be further developed to include the following as outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005: • name and address of the registered provider and registered manager • relevant qualification and experience of the registered provider and registered manager • the number, relevant qualifications and experience of the staff working in the practice • revised information of the facilities available for patients with a disability • the arrangements in the event of a patient being dissatisfied with the outcome of a complaints investigation The revised copy of the SOP should be submitted to RQIA upon return of the QIP.	**Carried forward for review at the next care inspection**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and has been carried forward for review at the next care inspection**.**	
Area for improvement 2 **Ref**: Standard 1 **Stated:** First time	The patient guide should be further developed to fully reflect the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The revised copy should be submitted to RQIA upon return of the QIP.	**Carried forward for review at the next care inspection**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and has been carried forward for review at the next care inspection**.**	

Area for improvement 3 **Ref**: Standard 9 **Stated:** First time	The complaints policies and procedures should be further developed to reflect that patients who remain dissatisfied with the outcome of the complaints investigation in respect of NHS dental care and treatment can refer to the Northern Ireland Public Services Ombudsman only and in respect of private dental care and treatment, the Dental Complaints Service only. In addition the details of the Health and Social Care Board (HSCB) and the General Dental Council (GDC) should be included as other agencies that may be utilised within the complaints investigation at local level. The details of RQIA should also be included as a body who take an oversight view of complaints management. The revised copies should be submitted to RQIA upon return of the QIP.	**Not met**
	Action taken as confirmed during the inspection: A revised complaints policy and procedure were submitted to RQIA following the pre-registration inspection, which were observed to have been further developed as required. However, the complaints policy and procedure, available during the inspection, was not the updated version. Further details regarding complaints management can be seen in section 6.3 of the report. This area for improvement has not been addressed and has been stated for the second time.	

Area for improvement 4 **Ref**: Standard 8 **Stated:** First time	The following policies and procedures should be further developed in accordance with legislative and best practice guidance as discussed in the body of the report: • safeguarding children and adults at risk of harm • recruitment and selection • underperforming and whistleblowing • infection control • records management – retention schedule Policies should be indexed in topical areas such as infection control, records management, human resources et cetera to ensure that staff have easy access to all relevant policies within a specific topic area or be cross referenced to associated relevant policies.	**Carried forward for review at the next care inspection**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and has been carried forward for review at the next care inspection**.**	
Area for improvement 5 **Ref**: Standard 13 **Stated:** First time	Health Technical Memorandum (HTM) 01-05 should be audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool. An action plan should be devised to address deficits identified. A copy of the completed IPS audit should be submitted to RQIA upon return of the QIP.	**Not met**
	Action taken as confirmed during the inspection: There was no evidence available to confirm that the IPS audit of HTM 01-05 had been completed on a six monthly basis. Further details can be seen in section 6.3 of the report. This area for improvement has not been addressed and has been stated for the second time.	

Area for improvement 6 **Ref**: Standard 13 **Stated:** First time	The log book for the steam steriliser and any further equipment used in the decontamination process should include the accurate details of the machine as outlined in HTM01-05.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement has not been addressed and has been subsumed into an area for improvement against the regulations. Further details can be seen in section 6.3 of the report.	
Area for improvement 7 **Ref**: Standard 12 **Stated:** First time	A management of medical emergencies policy should be developed in accordance with legislative and best practice guidance.	**Carried forward for review at the next care inspection**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and has been carried forward for review at the next care inspection**.**	

6.3 Inspection findings

Management of operations and governance arrangements

On arrival at the practice, staff were unclear of who the person in charge of the establishment on that day was. However, they offered to contact Miss Linda McVey, a registered manager from another Dental World 1 Limited practice. Miss McVey, subsequently came to the practice and facilitated the remainder of the inspection. The importance of ensuring that a nominated individual in charge is identified on a daily basis and staff are aware of who the nominated individual is, was discussed with Miss McVey and an area for improvement against the standards was made.

During the course of the inspection, issues of concern were identified in relation to the management of operations including the organisation's governance and oversight arrangements.

Poor practice was identified in relation to infection prevention and control and decontamination arrangements; these matters are discussed further in the report.

There was no evidence of an overview of the following areas:

- staff training
- staff recruitment and selection practice
- General Dental Council (GDC) registration status of staff
- professional indemnity cover of staff who require individual professional indemnity
- prescription pad security
- fire safety arrangements
- infection prevention and control audits
- pressure vessels

Areas for improvement against the regulations were made to address the matters in respect to staff training, GDC registration status of staff and individual staff's professional indemnity cover.

The personnel files of staff working in Ballymena Dental Care were retained at Dundonald Dental Practice. The files of two staff, recruited since registration with RQIA, were reviewed at Dundonald Dental Practice on the day following this inspection. The following issues were identified which were not in keeping with Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended:

- no written references in either file
- no criminal conviction declaration in either file
- no evidence of a physical and mental health assessment in one file

An area for improvement against the regulations was made in this regard.

AccessNI enhanced disclosure checks had been obtained for both staff prior to the commencement of employment, however, copies of the original certificates had been retained. This is not in keeping with AccessNI's code of practice. An area for improvement against the standards was made that AccessNI enhanced disclosure certificates are disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the assessment of the check.

There was no evidence that contracts of employment/agreement had been issued to either staff member and no record of induction in respect of one staff member. An area for improvement against the standards was made that contracts of employment/agreement and written induction programmes are provided for any new staff. Copies should be retained in staff personnel files.

The induction record for one staff member consisted solely of a checklist to tick that they had read and understood the various policies and procedures. There was no evidence of mentorship or meaningful engagement with the new employee. An area for improvement against the regulations was made that induction programmes relevant to the role are further developed to ensure that pertinent specific topics are discussed between the staff member and mentor.

A staff register was not available and an area for improvement against the standards was made in this regard. The staff register should contain details of name, date of birth, position; date of commencement of employment; date of leaving employment; and details of professional qualifications and professional registration with the GDC, where applicable. The staff register is a live document which should be kept updated and be available for inspection.

As discussed previously, an area for improvement against the standards was identified during the pre-registration inspection that the complaints policies and procedures should be further developed. However, despite an appropriately revised complaints policy and procedure being submitted to RQIA following the pre-registration inspection, the complaints policy and procedure available during the inspection was not the updated version. An area for improvement against the standards was made for the second time in this regard. In addition a laminated poster on display on a ground floor notice board identified the previous owner of the practice as the complaints manager; this was removed during the inspection. Staff were unaware of where the complaints procedure was retained should a patient ask for this and advised that they would provide the patient with a practice information leaflet. The practice information leaflet indicated that a copy of the complaints procedure could be obtained at reception. An area for improvement against the standards was made to ensure that all staff are aware of the complaints management process.

During a tour of the premises, a prescription pad was observed sitting on a worktop in Surgery 9. The surgery was not in use on the day of the inspection and it was established that the prescription pad had been there at least over the weekend. An area for improvement against the regulations was made to ensure that robust arrangements are established for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Miss McVey advised that the fire risk assessment was due for review in September 2017; however, there was no evidence that this had been actioned. Fire extinguishers had not been serviced since March 2016 and there was no evidence that fire safety awareness training and fire evacuation drills had been undertaken at least on an annual basis. An area for improvement against the regulations was made to ensure that adequate fire safety arrangements are in place including a review of the fire risk assessment, servicing of equipment, the provision of staff training and fire drills. In addition, the date of the last inspection of pressure vessels under a written scheme of examination could not be determined. An area for improvement against the regulations was made in this regard.

There is currently no registered manager in this practice and an area for improvement against the regulations was made to formally notify RQIA of the acting management arrangements until such time as a registered manager is appointed. The application for a registered manager should be submitted to RQIA at the earliest opportunity.

In addition, there was no evidence of the six monthly unannounced visits by the responsible individual or their nominated representative, as outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended. The unannounced visits if carried out as outlined in the legislation should have highlighted many of the issues identified during this inspection and resulted in an action plan to address the deficits. An area for improvement against the regulations has been made in this regard.

Areas for improvement

A nominated individual in charge should be identified on a daily basis and arrangements made to ensure that staff are aware of who the nominated individual is.

Six monthly unannounced visits by the responsible individual or their nominated representative, as outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended should be carried out. Written reports of the unannounced visits should be available for inspection.

RQIA should be formally notified of the acting management arrangements until such times as a registered manager is appointed. The application for a registered manager should be submitted to RQIA at the earliest opportunity.

A system should be established to review of the GDC registration status of clinical staff.

A system should be established to review of the professional indemnity of staff who require individual professional indemnity.

A system should be established to ensure that all staff receive appropriate training to fulfil the duties of their role. Training records should also be retained including any training provided in house.

Two written references, one of which should be from the current/most recent employer, a criminal conviction declaration and a physical and mental health assessment should be obtained prior to any new staff commencing employment. Records should be retained in staff personnel files.

Enhanced AccessNI disclosure certificates should be disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the assessment of the check.

Contracts of employment/agreement and written induction programmes should be provided for any new staff recruited. Copies should be retained in staff personnel files.

Induction programmes, specific to the role should be further developed to provide meaningful induction and mentorship arrangements.

A staff register should be developed.

The complaints policies and procedures should be further developed.

Ensure that all staff are aware of the complaints management process in the practice.

Robust arrangements must be established for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Ensure that adequate fire safety arrangements are in place including review of the fire risk assessment, servicing of equipment, the provision of staff training and fire drills.

Pressure vessels should be inspected under the written scheme of examination of pressure vessels.

	Regulations	Standards
Total number of areas for improvement	10	6

Infection prevention and control and decontamination

Two surgeries are operational in the practice, Surgery 1 on the first floor and Surgery 9 on the ground floor. A review of the infection prevention and control arrangements incorporated these surgeries, the decontamination room, the cleaning store and general areas.

Poor practice was identified in relation to infection prevention and control arrangements and the decontamination of reusable dental instruments.

The practice had a dedicated decontamination room, however, a number of issues were identified:

- the worktop at the clean side of the room was not continuous and cabinetry in general was in need of refurbishment.
- the dedicated hand wash basin observed during the pre-registration inspection had been removed and the staff confirmed that they washed their hands in the 'dirty' sink
- there was no hand washing soap or alcohol gel available
- the paper towel dispenser was empty; a roll of paper towel was observed on the bench beside the sink on the 'dirty' side of the room
- personal protective equipment (PPE), with the exception of a box of disposable gloves, was not wall mounted. Disposable aprons and eye visors were observed in a drawer which were dirty
- there was no solution available to manually clean instruments if required
- flooring was not sealed at the edges

As discussed previously, the illuminated magnification device was not appropriately located within the dirty to clean flow, however, evidence was provided on 22 December 2017 confirming this had been addressed.

An area for improvement against the regulations was made to refurbish the decontamination room to ensure it is in keeping with best practice outlined in HTM 01-05. The issues identified above should be addressed as part of the refurbishment and appropriate equipment should be provided to ensure good practice is adhered to during the decontamination process.

Discussion with staff confirmed that compatible dental handpieces were not processed through the washer disinfector and observation of the washer disinfector identified that portals were not provided to facilitate this. An area for improvement against the standards was made in this regard.

Some of the wrapped sterilised instruments showed wear and tear and some were dirty. An area for improvement against the regulations was made to ensure that all dental instruments are examined to ensure they are clean and fit for purpose.

The practice has a washer disinfector and two steam sterilisers (a statim steriliser and a vacuum steriliser). Review of documentation evidenced that decontamination equipment had been validated and was current. Periodic tests as outlined in HTM 01-05 were being carried out and recorded in respect of the washer disinfector and the statim steriliser. Staff advised that the vacuum steriliser is rarely used. There was one logbook for the two sterilisers with separate sections for each steriliser; however, the logbook did not identify details of the equipment and there was no fault history for the vacuum steriliser. The logbook for the washer disinfector did not have details about the machine. As discussed previously, an area for improvement against the standards, made during the pre-registration inspection, to ensure that logbooks of equipment used in the decontamination process should include the accurate details of the machine as outlined in HTM01-05 has not been addressed. An area for improvement against the standards was made to ensure that decontamination equipment logbooks are further developed and contain the relevant information as outlined in HTM 01-05.

Issues of concern were identified in relation to the cleanliness in the practice and in particular the decontamination room and Surgery 9. The following was identified:

Decontamination Room:

- the insides of all cupboards were notably dirty
- a cobweb was observed in the corner of the worktop at the ‘clean’ side of the room
- flooring was not sealed at the edges

Surgery 9:

- the inside of the cupboards and drawers were notably dirty
- old clinical records and patients’ dental impressions were observed in cupboards
- the walls had stippled plaster, which does not facilitate effective cleaning
- crown and bridge material administration guns had a build-up of material and were dirty
- two drawers had no outer front section
- flooring was not sealed at the edges or where cabinetry meets the flooring

General areas:

- fire extinguishers had visible dust
- some mop buckets were dirty

An area for improvement against the regulations was made that Surgery 9 should be refurbished to ensure that the walls and cabinetry meet good infection prevention and control practice guidelines.

All cleaning in the practice is carried out by staff and cleaning equipment is stored in an unlocked room. A variety of mops and buckets were in place which did not reflect the National Patient Safety Agency (NPSA) guidelines. Staff were unaware of which colour of mop/bucket was used for clinical areas. Bleach was observed on a shelf in the cleaning store.

The following areas for improvement against the regulations were made:

- a thorough deep clean of the practice must be carried out and arrangements established to ensure the level of cleanliness throughout the practice is maintained to a high standard
- cleaning schedules should be devised and implemented for all areas to include the frequency of cleaning and who is responsible. Cleaning schedules should be signed on completion. Consideration should be given to the provision of protected time for staff to carry out cleaning duties
- cleaning equipment should be kept clean and the NPSA colour coding system adopted
- the door to the cleaning store should be kept locked to prevent unauthorised access in keeping with Health and Safety and Control of Substances Hazardous to Health (COSHH) regulations.

In addition to the issues identified above, concerns were also identified in relation to infection prevention and control practice as follows:

- two sets of pre-filled unlabelled syringes containing what was later identified as Corsedyl and Milton were observed in drawers in Surgery 9. This practice must cease with immediate effect
- staff were unable to advise of the dilution rates in the make-up of the Corsedyl and Milton solutions
- a box of scalpels in a drawer in Surgery 9 expired in November 2010
- crown and bridge material in a drawer in Surgery 9 expired in September 2016
- the sharps container in the decontamination room was dated but not signed and the aperture was open

In light of the issues identified in relation to infection prevention and control, an area for improvement against the regulations was made to ensure that staff are provided with training in this area commensurate with their roles within the practice.

As discussed previously, there was no evidence available to confirm that compliance with HTM 01-05 had been audited using the IPS audit tool. Completion of this audit and the generation of an action plan to address deficits should have identified the issues raised during this inspection. The lack of oversight in relation to the infection prevention and control and decontamination arrangements in the practice is concerning. Addressing the areas for improvement identified during the inspection will greatly improve the level of compliance with HTM 01-05. An area for improvement against the standards was identified for the second time that HTM 01-05 should be audited on a six monthly basis using the IPS audit tool and an action plan devised to address deficits identified.

Records of staff meetings confirmed that staff meetings occurred monthly, and covered general day to day management issues, however, it was disappointing there was no reference to any issues regarding the cleaning or decontamination arrangements in the practice.

Areas for improvement

The decontamination room should be refurbished to ensure it is in keeping with best practice outlined in HTM 01-05. The issues identified above should be addressed within the refurbishment and appropriate equipment should be provided to ensure good practice is adhered to during the decontamination process.

Portals should be provided for the washer disinfector to facilitate the processing of dental handpieces and any compatible dental handpieces should be decontaminated using this method.

All dental instruments should be examined to ensure they are clean and fit for purpose.

Decontamination equipment logbooks should be further developed to ensure they contain the relevant information as outlined in HTM 01-05.

A thorough deep clean of the practice must be carried out and arrangements established to ensure the level of cleanliness throughout the practice is maintained to a high standard.

Cleaning schedules should be devised and implemented for all areas to include the frequency of cleaning and who is responsible. Cleaning schedules should be signed on completion. Consideration should be given to the provision of protected time for staff to carry out cleaning duties.

Cleaning equipment should be kept clean and the NPSA colour coding system adopted.

The door to the cleaning store should be kept locked to prevent unauthorised access in keeping with Health and Safety and Control of Substances Hazardous to Health (COSHH) regulations.

Staff should be provided with training in this area commensurate with their roles within the practice.

HTM 01-05 should be audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool (2013 edition). An action plan should be devised to address deficits identified.

	Regulations	Standards
Total number of areas for improvement	8	2

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, the Glucagon medication, which was not stored in the fridge, did not have a revised expiry date identified as outlined by the manufacturer. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of automatic external defibrillator (AED) pads for use with a child. An area for improvement against the standards was made that a revised expiry date, of 18 months from the date of receipt, of the Glucagon medication should be identified and AED pads suitable for use with a child provided.

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.

Training records were not retained in respect of all staff and training records available evidenced that training in the management of medical emergencies was overdue. An area for improvement against the standards was made in this regard.

Areas for improvement

A revised expiry date, of 18 months from the date of receipt, of the Glucagon medication should be identified and AED pads suitable for use with a child provided.

Training in the management of a medical emergency should be provided for all staff and arrangements established to ensure this is updated on an annual basis.

	Regulations	Standards
Total number of areas for improvement	0	2

Radiology

Since the previous inspection a new radiation protection advisor (RPA) has been appointed and a quality assurance check was carried out by the RPA on 24 November 2017. The radiation protection file had not been returned to the practice at the time of inspection; however, a copy of the RPA report was emailed to the practice during the inspection for review.

A review of the report confirmed that a number of recommendations have been made by the RPA and an area for improvement was made against the regulations in this regard.

Areas for improvement

Recommendations made by the RPA should be addressed and confirmation recorded in the radiation protection file.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Miss Linda McVey, registered manager Dental World 1 Limited, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 26 **Stated:** First time **To be completed by:** 4 March 2018	The registered person shall ensure that six monthly unannounced visits by the responsible individual or their nominated representative, as outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, are carried out. Written reports of the unannounced visits should be available for inspection. Ref: 6.3
	Response by registered person detailing the actions taken: Mrs Moncia Shah Compliance Manager has appointed 2 x inspectors on behalf of the Company. Mrs Pamela McKay has been and inspected Ballymena in December and has reported back. Mrs McKay will be doing another inspection in March.
Area for improvement 2 **Ref:** Regulation 11 **Stated:** First time **To be completed by:** 24 January 2018	The registered person shall ensure that RQIA is formally notified of the acting management arrangements until such time as a registered manager is appointed. The application for a registered manager should be submitted to RQIA at the earliest opportunity. Ref: 6.3
	Response by registered person detailing the actions taken: Regristration forms for Miss Linda McVey will be submitted.
Area for improvement 3 **Ref:** Regulation 19 (1) (c) **Stated:** First time **To be completed by:** 4 February 2018	The registered person shall ensure that a system is established to review the GDC registration status of clinical staff. Records should be retained. Ref: 6.3
	Response by registered person detailing the actions taken: Ballymena will have their registrations checked in July for the Nurses and January for the Dentists

Area for improvement 4 **Ref:** Regulation 19 (3) **Stated:** First time **To be completed by:** 4 February 2018	The registered person shall ensure that a system is established to review the professional indemnity of staff who required individual professional indemnity. Records should be retained. Ref: 6.3
	Response by registered person detailing the actions taken: New procedures are in place to identify when the staff/Dentist indemnity is due for renewal
Area for improvement 5 **Ref:** Regulation 18 (2) **Stated:** First time **To be completed by:** 4 March 2018	The registered person shall ensure that a system is established to ensure that all staff receive appropriate training to fulfil the duties of their role. Training records should also be retained including any training provided in house. Ref: 6.3
	Response by registered person detailing the actions taken: All staff will have appropriate training for their particular roles within the Company
Area for improvement 6 **Ref:** Regulation 19 (2) Schedule 2 **Stated:** First time **To be completed by:** 4 January 2018	The registered person shall ensure that two written references, one of which should be from the current/most recent employer, a criminal conviction declaration and a physical and mental health assessment are obtained prior to any new staff commencing employment. Records should be retained in staff personnel files. Ref: 6.3
	Response by registered person detailing the actions taken: This is the practice for the other surgeries and Ballymena will now follow the same procedures
Area for improvement 7 **Ref:** Regulation 18 (2) **Stated:** First time **To be completed by:** 4 March 2018	The registered person shall ensure that induction programmes, specific to the role are further developed to provide meaningful induction and mentorship arrangements. Ref: 6.3
	Response by registered person detailing the actions taken: HO is in the process but in the meantime we have attached an additional check list with the Induction Checklist

Area for improvement 8 **Ref:** Regulation 15 (6) **Stated:** First time **To be completed by:** 4 February 2018	The registered person shall ensure that robust arrangements are established for the management of prescription pads/forms with immediate effect and that written security policies are in place to reduce the risk of prescription theft and misuse. Ref: 6.3
	Response by registered person detailing the actions taken: New procedures and polices have been put in place and the prescription pads are locked in a safewhen not in use.
Area for improvement 9 **Ref:** Regulation 25 (4) **Stated:** First time **To be completed by:** 4 March 2018	The registered person shall ensure that adequate fire safety arrangements are in place including review of the fire risk assessment, servicing of equipment, the provision of staff training and fire drills. Ref: 6.3
	Response by registered person detailing the actions taken: The engineer had been to the surgery and he has serviced the fire extingushers etc. The staff have attended fire training as well.
Area for improvement 10 **Ref:** Regulation 15 (2) **Stated:** First time **To be completed by:** 4 March 2018	The registered person shall ensure that pressure vessels are inspected under the written scheme of examination of pressure vessels. Ref: 6.3
	Response by registered person detailing the actions taken: This had already been done. I have requested and received a copy of the report.
Area for improvement 11 **Ref:** Regulation 15 (3) **Stated:** First time **To be completed by:** 4 March 2018	The registered person shall refurbish the decontamination room to ensure it is in keeping with best practice outlined in Health Technical Memorandum (HTM) 01-05. The issues identified in the body of the report should be addressed as part of the refurbishment and appropriate equipment should be provided to ensure good practice is adhered to during the decontamination process. Ref: 6.3
	Response by registered person detailing the actions taken: The Decontamination room has had the sink replaced and spruced up but we are looking in to replacing the units/tops

Area for improvement 12 **Ref:** Regulation 15 (2) **Stated:** First time **To be completed by:** 11 December 2017	The registered person shall ensure that all dental instruments are examined to ensure they are clean and fit for purpose. Ref: 6.3
	Response by registered person detailing the actions taken: All instruments are being inspected by the DICL nurse
Area for improvement 13 **Ref:** Regulation 15 (3) **Stated:** First time **To be completed by:** 4 January 2018	The registered person shall ensure that decontamination equipment logbooks are further developed to ensure they contain the relevant information as outlined in HTM 01-05. Ref: 6.3
	Response by registered person detailing the actions taken: The logbooks have been further developed to include a Header page with all the details of machinery and contacts.
Area for improvement 14 **Ref:** Regulation 15 (7) **Stated:** First time **To be completed by:** 11 December 2017	The registered person shall ensure that a thorough deep clean of the practice is carried out and arrangements established to ensure the level of cleanliness throughout the practice is maintained to a high standard. Ref: 6.3
	Response by registered person detailing the actions taken: The practice has been deep cleaned and is cleaned throughly every Friday afternoon.
Area for improvement 15 **Ref:** Regulation 25 (2) (c) **Stated:** First time **To be completed by:** 4 January 2018	The registered person shall devise and implement cleaning schedules for all areas to include the frequency of cleaning and who is responsible. Cleaning schedules should be signed on completion. Consideration should be given to the provision of protected time for staff to carry out cleaning duties. Ref: 6.3
	Response by registered person detailing the actions taken: Cleaning Schedules are in place and being signed off all staff

Area for improvement 16 **Ref:** Regulation 25 (2) (c) **Stated:** First time **To be completed by:** 4 January 2018	The registered person shall ensure that cleaning equipment is kept clean and the National Patient Safety Agency (NPSA) colour coding system adopted. Ref: 6.3
	Response by registered person detailing the actions taken: Colour coding displayed with the equipment as per NPSA
Area for improvement 17 **Ref:** Regulation 25 (2) (d) **Stated:** First time **To be completed by:** 5 December 2017	The registered person shall ensure the door to the cleaning store is kept locked to prevent unauthorised access in keeping with Health and Safety and Control of Substances Hazardous to Health (COSHH) regulations. Ref: 6.3
	Response by registered person detailing the actions taken: The door currently does not have a lock available so the cleaning materials have been moved to a room that does lock
Area for improvement 18 **Ref:** Regulation 18 (2) (a) **Stated:** First time **To be completed by:** 4 February 2018	The registered person shall ensure staff are provided with training in infection prevention and control and decontamination, commensurate with their roles within the practice. Ref: 6.3
	Response by registered person detailing the actions taken: The staff have been given a refresher by the Lead DICL nurse Mrs McKay from Crumlin Road surgery
Area for improvement 19 **Ref:** Regulation 15 (1) (b) **Stated:** First time **To be completed by:** 4 March 2018	The registered person shall ensure that recommendations made by the Radiation Protection Advisor (RPA) are addressed and confirmation recorded in the radiation protection file. Ref: 6.3
	Response by registered person detailing the actions taken: All receommendatons have been addressed and recorded and signed off

Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 5 December 2017	The registered person shall ensure that a nominated individual in charge of the practice is identified on a daily basis and arrangements made to ensure that staff are aware of who the nominated individual is. Ref: 6.3
	Response by registered person detailing the actions taken: The staff are aware that Linda McVey is the nominated person and Louise Creese is in her absence.
Area for improvement 2 **Ref**: Standard 11.1 **Stated:** First time **To be completed by:** 4 March 2018	The registered person shall ensure that enhanced AccessNI disclosure certificates are disposed of in keeping with AccessNI's code of practice and a record retained of the dates the check was applied for and received, the unique identification number and the outcome of the assessment of the check. Ref: 6.3
	Response by registered person detailing the actions taken: This is the way it is kept in the other surgeries Ballymena will be the same.
Area for improvement 3 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 4 March 2018	The registered person shall ensure that contracts of employment/agreement and written induction programmes are provided for any new staff recruited. Copies should be retained in staff personnel files. Ref: 6.3
	Response by registered person detailing the actions taken: This is what is being done in the other sugeries and Ballymena will now be included.

Area for improvement 4 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 4 February 2018	The registered person shall establish a staff register containing the following staff details: • name • date of birth • position • date of commencement of employment • date of leaving employment • details of professional qualifications and professional registration with the GDC, where applicable The staff register should be kept updated and be available for inspection.
	Response by registered person detailing the actions taken: A staff register has been established
Area for improvement 5 **Ref**: Standard 9 **Stated:** Second time **To be completed by:** 4 March 2018	The complaints policies and procedures should be further developed to reflect that patients who remain dissatisfied with the outcome of the complaints investigation, in respect of NHS dental care and treatment, can refer to the Northern Ireland Public Services Ombudsman only and in respect of private dental care and treatment, the Dental Complaints Service only. In addition the details of the Health and Social Care Board (HSCB) and the General Dental Council (GDC) should be included as other agencies that may be utilised within the complaints investigation at local level. The details of RQIA should also be included as a body who take an oversight view of complaints management. The revised copies should be submitted to RQIA upon return of the QIP. Ref: 6.2 & 6.3
	Response by registered person detailing the actions taken: A new Company compliants policy has been developed to inlclude all of the above.
Area for improvement 6 **Ref**: Standard 9 **Stated:** First time **To be completed by:** 4 February 2018	The registered person shall ensure that all staff are aware of the complaints management process in the practice. Ref: 6.3
	Response by registered person detailing the actions taken: This has been covered with the staff.

Area for improvement 7 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 4 March 2018	The registered person shall provide portals for the washer disinfector to facilitate the processing of dental handpieces. Any compatible dental handpieces should be decontaminated using this method. Ref: 6.3
	Response by registered person detailing the actions taken: Currently trying to source these but in the meantime they are being processed in the washer
Area for improvement 8 **Ref**: Standard 13 **Stated:** Second time **To be completed by:** 4 March 2018	Health Technical Memorandum (HTM) 01-05 should be audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool. An action plan should be devised to address deficits identified.
	Response by registered person detailing the actions taken: The lead nurse has now been shown how to do this and she will complete this task every 6 months
Area for improvement 9 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 4 January 2018	The registered person shall identify a revised expiry date, of 18 months from the date of receipt, on the Glucagon medication and provide AED pads suitable for use with a child. Ref: 6.3
	Response by registered person detailing the actions taken: The expiry date is written on the Glucagon pen and the AED pads for children are now on site
Area for improvement 10 **Ref**: Standard 12.3 **Stated:** First time **To be completed by:** 4 March 2018	The registered person shall provide training in the management of a medical emergency for all staff and establish arrangements to ensure training is updated on an annual basis. Ref: 6.3
	Response by registered person detailing the actions taken: Medical emergency training has taken place in January this year for all surgeries

Areas for improvement carried forward for review at the next care inspection	
Area for improvement 1 **Ref**: Standard 1 **Stated:** First time **To be completed by:** 7 January 2017	The statement of purpose (SOP) should be further developed to include the following as outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005: • name and address of the registered provider and registered manager • relevant qualification and experience of the registered provider and registered manager • the number, relevant qualifications and experience of the staff working in the practice • revised information of the facilities available for patients with a disability • the arrangements in the event of a patient being dissatisfied with the outcome of a complaints investigation The revised copy of the SOP should be submitted to RQIA upon return of the QIP. Ref: 6.2 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.** The statement of Purpose has been further developed to include all this information.
Area for improvement 2 **Ref**: Standard 1 **Stated:** First time **To be completed by:** 7 January 2017	The patient guide should be further developed to fully reflect the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The revised copy should be submitted to RQIA upon return of the QIP. Ref: 6.2 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.**

Area for improvement 3 **Ref**: Standard 8 **Stated:** First time **To be completed by:** 7 March 2017	The following policies and procedures should be further developed in accordance with legislative and best practice guidance as discussed in the body of the report: • safeguarding children and adults at risk of harm • recruitment and selection • underperforming and whistleblowing • infection control • records management – retention schedule Policies should be indexed in topical areas such as infection control, records management, human resources et cetera to ensure that staff have easy access to all relevant policies within a specific topic area or be cross referenced to associated relevant policies. Ref: 6.2 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.** These policies have all been reviewed, amended and enhanced as necessary
Area for improvement 4 **Ref**: Standard 12 **Stated:** First time **To be completed by:** 7 January 2017	A management of medical emergencies policy should be developed in accordance with legislative and best practice guidance. Ref: 6.2 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.**

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews