



The Regulation and  
Quality Improvement  
Authority

# Unannounced Follow-up Care Inspection Report 23 & 25 April 2018



## Ballymena Dental Care

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

**38 Broughshane Street, Ballymena BT43 6EB**

**Tel No: 028 25652144**

**Inspectors: Stephen O'Connor and Emily Campbell**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced follow-up care inspection of Ballymena Dental Care took place on 23 April 2018 from 10:35 to 13:15. During the inspection on 23 April 2018 a number of records were not available for review. As a result RQIA were unable to conclude the inspection on 23 April 2018. It was agreed with Miss McVey that the inspection could be concluded on 25 April 2018. Emily Campbell concluded the inspection on 25 April 2018 from 10:15 to 11:15. The inspection on 25 April 2018 was carried out at the Crumlin Road Dental Surgery practice where pertinent records in respect of Ballymena Dental Care were retained.

The focus of this inspection was to ascertain the progress made to address the areas for improvement identified as a result of the unannounced inspection carried out on 4 December 2017. Areas for improvement made during the pre-registration inspection on 6 December 2016, which were not reviewed during the inspection on 4 December 2017, were also reviewed.

Nineteen areas for improvement against the regulations and 10 against the standards were made on 4 December 2017. Sixteen of the 19 areas for improvement against the regulations have been addressed. Two areas in relation to the responsible individual unannounced visits and locking the door of the cleaning store have not been addressed and one area in relation to the refurbishment of the decontamination room has been partially addressed. These areas for improvement against the regulations have been made for the second time.

Nine of the 10 areas for improvement against the standards have been addressed. One area for improvement in relation to infection prevention control and decontamination audits has been partially addressed and has been stated for the second time.

The four areas for improvement against the standards carried forward from the inspection on 6 December 2016 have been addressed.

Two additional areas for improvement against the regulations were made in relation to the submission of the responsible individual unannounced visit report to RQIA and in relation to radiology. Two areas for improvement against the standards were made in relation to the retention of documents pertaining to Ballymena Dental Care in the practice and recording of the periodic tests for the steriliser.

Observations made, review of documentation and discussion with Miss Linda McVey, manager, and staff evidenced that there has been substantial progress made in order to address the areas for improvement against the regulations and standards.

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 (DOH) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DOH 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>	5	3

Details of the Quality Improvement Plan (QIP) were discussed with Ms Linda McVey, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

As a result of the issues identified during the previous inspection on 4 December 2017, a serious concerns meeting was held on 12 January 2018. Mr Suken Shah, company director, Ms Monica Shah, compliance manager, and Miss Linda McVey, registered manager Dental World 1 Limited, attended the meeting on behalf of Ms Ritu Dhariwal, registered person.

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. At the conclusion of the meeting it was agreed that a follow-up unannounced inspection would be undertaken to assess compliance with the areas for improvement identified.

## 2.0 Service details

<b>Organisation/Registered Provider:</b> Dental World 1 Limited  <b>Responsible Individual:</b> Ms Ritu Dhariwal	<b>Registered Manager:</b> Miss Linda McVey - application received - registration pending
<b>Person in charge of the practice at the time of inspection:</b> Miss Linda McVey	<b>Date manager registered:</b> registration pending
<b>Categories of care:</b> Independent Hospital (IH) - Dental Treatment	<b>Number of registered places:</b> 2

## 3.0 Methods/processes

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

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

During the inspection the inspectors met with Miss Linda McVey, manager, an associate dentist, two dental nurses, one of whom predominantly works at reception and a trainee dental nurse. A tour of the premises was also undertaken.

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

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

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**4.0 The inspection**

**4.1 Review of areas for improvement from the most recent inspection dated 4 December 2017**

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

**4.2 Review of areas for improvement from the last care inspection dated 4 December 2017**

**Areas for improvement from the last care inspection**

<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 26</p> <p><b>Stated:</b> First time</p> <p>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.</p> <p>Written reports of the unannounced visits should be available for inspection.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Miss McVey confirmed that an unannounced visit was carried out by a representative of Ms Ritu Dhariwal, however, the report of the visit was not retained at Ballymena Dental Care.</p> <p>The report was reviewed on 25 April 2018 at the Crumlin Road Dental Surgery practice. The document provided was not a report but an audit; it did not contain all the relevant information as outlined in the regulations and it was not dated. Miss McVey advised that the visit was undertaken on 21 March 2018.</p> <p>This area for improvement has not been addressed and has been made for the second time.</p>	<p><b>Not met</b></p>

	<p>An additional area for improvement against the regulations was made that an unannounced visit as outlined in the regulations is carried out and a copy of the written report submitted to RQIA within three months.</p> <p>An area for improvement against the standards was also made that records pertaining to the operation of Ballymena Dental Care must be retained in the practice.</p>	
<p><b>Area for improvement 2</b>  <b>Ref:</b> Regulation 11  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that RQIA is formally notified of the acting management arrangements until such time as a registered manager is appointed.</p> <p>The application for a registered manager should be submitted to RQIA at the earliest opportunity.</p> <p><b>Action taken as confirmed during the inspection:</b>  RQIA were notified that Miss McVey is acting manager. Miss McVey has also submitted a registered manager application to RQIA.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19 (1) (c)  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that a system is established to review the GDC registration status of clinical staff. Records should be retained.</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of records held at Crumlin Road Dental Surgery evidenced that a system has been established to review the GDC registration status of clinical staff.</p> <p>As discussed previously an area for improvement was made that records should be retained in the Ballymena Dental Care premises.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Regulation 19 (3)  <b>Stated:</b> First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of records held at Crumlin Road Dental Surgery evidenced that a system has been established to review the professional</p>	<p><b>Met</b></p>

	<p>indemnity of clinical staff.</p> <p>As discussed previously an area for improvement was made that records should be retained in the Ballymena Dental Care premises.</p>	
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 18 (2)</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p>Training records should also be retained including any training provided in house.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of staff meeting minutes for December 2017 confirmed that infection prevention and control and decontamination were discussed.</p> <p>Review of records held at Crumlin Road Dental Surgery evidenced that a spreadsheet has been developed to capture all training undertaken by staff and identify any gaps in training. Training provided included radiology, safeguarding, medical emergency management, infection prevention and control, information governance and display equipment and mental capacity.</p> <p>Miss McVey and another staff member have attended fire safety warden training and it was confirmed that fire safety awareness training would be provided to all staff at the next staff meeting.</p> <p>Miss McVey was advised to ensure that records of the content of training are also retained.</p> <p>As discussed previously these records should be retained in the Ballymena Dental Care premises.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p>Records should be retained in staff personnel files.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> One new staff member has been employed since the previous inspection. The personnel file of the staff member was retained at Crumlin Road Dental Surgery. Review of the personnel file evidenced that all information as outlined in the regulations had been sought and retained.</p> <p>As discussed previously these records should be retained in the Ballymena Dental Care premises.</p>	
<p><b>Area for improvement 7</b> <b>Ref:</b> Regulation 18 (2) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that induction programmes, specific to the role are further developed to provide meaningful induction and mentorship arrangements.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Miss McVey confirmed that induction programmes had been further developed.</p> <p>Discussion with a recently recruited staff member confirmed that a comprehensive induction programme was provided and mentorship arrangements are in place. The induction record was retained at Crumlin Road Dental Surgery and was reviewed on 25 April 2018. It was suggested that when specific topics are covered they are signed off by the employee and mentor.</p> <p>As discussed previously these records should be retained in the Ballymena Dental Care premises.</p>	<b>Met</b>
<p><b>Area for improvement 8</b> <b>Ref:</b> Regulation 15 (6) <b>Stated:</b> First time</p>	<p>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.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with an associate dentist confirmed that robust arrangements have been established for the management of prescription pads/forms.</p> <p>A written prescription security policy was available. Miss McVey was advised that the policy should be amended to reflect that two</p>	



	<p>named staff are involved in the ordering and receipt of prescriptions, as opposed to one, in keeping with the Health and Social Care Board guidance issued in March 2017.</p> <p>Review of the minutes of the staff meeting in December 2017 evidenced that prescription pad management was discussed.</p>	
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 25 (4)</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> A fire safety file was in place which included a risk assessment and risk reduction plan. Fire drills were carried out in January and February 2018. Fire safety equipment was serviced on 25 February 2018.</p> <p>Miss McVey and another staff member have attended fire safety warden training in January 2018. The remaining staff have not received fire safety awareness training since January 2017; Miss McVey provided assurances that fire safety awareness training would be provided to all staff at the next staff meeting.</p>	<b>Met</b>
<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that pressure vessels are inspected under the written scheme of examination of pressure vessels.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that pressure vessels had been inspected on 13 April 2018.</p>	<b>Met</b>
<p><b>Area for improvement 11</b></p> <p><b>Ref:</b> Regulation 15 (3)</p> <p><b>Stated:</b> First time</p>	<p>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.</p>	<b>Partially met</b>

	<p><b>Action taken as confirmed during the inspection:</b>                  There has been some refurbishment carried out in the decontamination room which includes the installation of a dedicated hand washing basin and the provision of wall mounted personal protective equipment (PPE). However, the worktop at the clean side of the room was not continuous, cabinetry has not been refurbished and the floor covering was not sealed at the edges. In addition the door to the decontamination room did not close properly and a wooden shelf had been installed inside a cupboard which had not been sealed. These matters are not in keeping with best practice outlined in HTM 01-05.</p> <p>This area for improvement has not been fully addressed and is stated for the second time.</p> <p>Ms McVey advised that new cabinetry would be provided and it was agreed that refurbishment works should be fully completed within two months.</p>	
<p><b>Area for improvement 12</b>                   Ref: Regulation 15 (2)                   Stated: First time</p>	<p>The registered person shall ensure that all dental instruments are examined to ensure they are clean and fit for purpose.</p> <p><b>Action taken as confirmed during the inspection:</b>                  Random review of wrapped sterilised dental instruments confirmed that this area for improvement has been addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 13</b>                   Ref: Regulation 15 (3)                   Stated: First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b>                  Since the previous inspection the statim steriliser has been removed. Logbooks with the relevant information were observed to be in place for the washer disinfectant and vacuum steriliser.</p> <p>Review of the steriliser logbook evidenced that the detail of the daily automatic control test (ACT) was not recorded. Although printouts showing these details were attached to the</p>	<p><b>Met</b></p>

	<p>periodic test sheet for the first cycle each day, there was no evidence that staff had reviewed the printouts to check that the correct pressure level or sterilisation temperature and hold time had been achieved. An area for improvement against the standards was made in this regard.</p>	
<p><b>Area for improvement 14</b></p> <p><b>Ref:</b> Regulation 15 (7)</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> A marked improvement was noted in the general cleanliness of the practice. Miss McVey confirmed that cleaning schedules are adhered to.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 15</b></p> <p><b>Ref:</b> Regulation 25 (2) (c)</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p>Consideration should be given to the provision of protected time for staff to carry out cleaning duties.</p> <p><b>Action taken as confirmed during the inspection:</b> Cleaning schedules were in place for all aspects of the practice. Daily, weekly and monthly checklists were in place which staff ticked on completion. Miss McVey was advised that staff should also sign the checklists.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 16</b></p> <p><b>Ref:</b> Regulation 25 (2) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that cleaning equipment is kept clean and the National Patient Safety Agency (NPSA) colour coding system adopted.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of cleaning equipment evidenced that the NPSA colour coding system had been adopted. Posters of the colour coding were on display in the cleaning store and staff demonstrated awareness of the colour coding.</p> <p>Mop buckets had not been properly rinsed and Miss McVey provided assurances that this would be addressed with staff.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 17</b></p> <p><b>Ref:</b> Regulation 25 (2) (d)</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement has not been addressed and is stated for the second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 18</b></p> <p><b>Ref:</b> Regulation 18 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure staff are provided with training in infection prevention and control and decontamination, commensurate with their roles within the practice.</p> <p><b>Action taken as confirmed during the inspection:</b> As discussed previously, review of the staff meeting minutes for December 2017 confirmed that infection prevention and control and decontamination were discussed.</p> <p>Review of records held at Crumlin Road Dental Surgery evidenced that a spreadsheet has been developed to capture all training undertaken by staff and identify any gaps in training including infection prevention and control and decontamination.</p> <p>Miss McVey was advised to ensure that records of the content of training are also retained.</p> <p>As discussed previously these records should be retained in the Ballymena Dental Care premises.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 19</b></p> <p><b>Ref:</b> Regulation 15 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that recommendations made by the Radiation Protection Advisor (RPA) are addressed and confirmation recorded in the radiation protection file.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the RPA report evidenced that all recommendations made by the RPA had been signed off as having been completed.</p> <p>On review of the radiation protection file it was noted that justification and clinical evaluation recording audits had only been completed in respect of one dentist. In addition, an old report from a former RPA,</p>	<p><b>Met</b></p>

	<p>dated 2014, was retained in the file which stated that the casing of the x-ray tube head in Surgery 9 should be repaired as a matter of urgency. The casing of the x-ray tube head was observed to have a crack on it and it was unclear if since 2014, this was deemed to be safe; there were no further records to evidence this and no issues were identified in this regard in the most recent RPA or service engineer reports.</p> <p>An area for improvement against the regulations was made that:</p> <ul style="list-style-type: none"> <li>• justification and clinical evaluation recording audits should be completed in respect of each dentist on an annual basis</li> <li>• clarification should be sought from the RPA and/or service engineer regarding the safety of the casing of the x-ray tube in Surgery 9 and action taken as necessary. Records should be retained in respect of the advice given by the RPA or service engineer.</li> </ul>	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 11</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> It was confirmed that a nominated individual in charge of the practice was identified on a daily basis.</p>	<b>Met</b>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> As discussed previously, one staff member has been employed since the previous inspection and the personnel file of the staff member was reviewed at Crumlin Road Dental Surgery. Appropriate information in keeping</p>	<b>Met</b>

	<p>with AccessNI's code of practice had been retained in respect of the enhanced disclosure check.</p> <p>As discussed previously these records should be retained in the Ballymena Dental Care premises.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A copy of the contract of employment and the induction programme were observed in the personnel file reviewed.</p> <p>As discussed previously these records should be retained in the Ballymena Dental Care premises.</p> <p>Staff confirmed they had been provided with contracts of employment/agreement and induction programmes.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall establish a staff register containing the following staff details:</p> <ul style="list-style-type: none"> <li>• name</li> <li>• date of birth</li> <li>• position</li> <li>• date of commencement of employment</li> <li>• date of leaving employment</li> <li>• details of professional qualifications and professional registration with the GDC, where applicable</li> </ul> <p>The staff register should be kept updated and be available for inspection.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A staff register containing the above information was available at Crumlin Road Dental Surgery. Miss McVey is aware this is a live document which should be kept updated.</p> <p>As discussed previously the staff register should be retained in the Ballymena Dental Care premises.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>Stated:</b> Second time</p>	<p>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.</p> <p>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.</p> <p>The revised copies should be submitted to RQIA upon return of the QIP.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the complaints policies and procedures evidenced that this area for improvement has been addressed.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff are aware of the complaints management process in the practice.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Miss McVey advised that one to one training was provided to front line staff and confirmed the complaints management process would be discussed with all staff at the next team meeting.</p>	
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall provide portals for the washer disinfectant to facilitate the processing of dental handpieces.</p> <p>Any compatible dental handpieces should be decontaminated using this method.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations made and discussion with staff evidenced that compatible dental handpieces are being processed through the washer disinfectant.</p>	<p style="text-align: center;"><b>Met</b></p>

<p><b>Area for improvement 8</b></p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> The IPS audit was completed in December 2017. Several areas of non-compliance with HTM 01-05 were identified; however, an action plan had not been devised to achieve compliance. Miss McVey and staff were advised that in order for the audit to be meaningful an action plan must be devised detailing the actions to be taken to achieve compliance. The action plan should include target dates and who is responsible for progressing the actions.</p> <p>This area for improvement has not been fully addressed and is stated for the second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 9</b></p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the emergency medications and equipment evidenced that this area for improvement has been addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 10</b></p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with staff and review of documentation confirmed that all staff attended training on 27 January 2018.</p>	<p><b>Met</b></p>
<p align="center"><b>Areas for improvement carried forward for review from the previous inspection dated 6 December 2016</b></p>		
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 1</p> <p>Stated: First time</p>	<p>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:</p> <ul style="list-style-type: none"> <li>• name and address of the registered</li> </ul>	



	<p>provider and registered manager</p> <ul style="list-style-type: none"> <li>• relevant qualification and experience of the registered provider and registered manager</li> <li>• the number, relevant qualifications and experience of the staff working in the practice</li> <li>• revised information of the facilities available for patients with a disability</li> <li>• the arrangements in the event of a patient being dissatisfied with the outcome of a complaints investigation</li> </ul> <p>The revised copy of the SOP should be submitted to RQIA upon return of the QIP.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The statement of purpose was available and included the relevant information as outlined in legislation.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 1</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p>The revised copy should be submitted to RQIA upon return of the QIP.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The patient guide was available and included the relevant information as outlined in legislation.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> First time</p>	<p>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:</p> <ul style="list-style-type: none"> <li>• safeguarding children and adults at risk of harm</li> <li>• recruitment and selection</li> <li>• underperforming and whistleblowing</li> <li>• infection control</li> <li>• records management – retention schedule</li> </ul> <p>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</p>	<p><b>Met</b></p>

	relevant policies within a specific topic area or be cross referenced to associated relevant policies.	
	<b>Action taken as confirmed during the inspection:</b> Policy folders were available in topic groups and were indexed. Review of the above mentioned policies confirmed that they had been further developed as required.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	A management of medical emergencies policy should be developed in accordance with legislative and best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of medical emergencies policy was reflective of legislative and best practice guidance.	

### 4.3 Inspection findings

#### Areas for improvement

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.

An unannounced visit as outlined in the regulations should be carried out and a copy of the written report submitted to RQIA within three months.

Records pertaining to the operation of Ballymena Dental Care must be retained in the practice.

The decontamination room should be refurbished to ensure it is in keeping with best practice outlined in HTM 01-05.

The details of the automatic control test (ACT) should be recorded in the steriliser logbook daily.

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.

X-ray justification and clinical evaluation recording audits should be completed in respect of each dentist on an annual basis. Clarification should be sought from the RPA and/or service engineer regarding the safety of the casing of the x-ray tube in Surgery 9 and action taken as necessary.

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.

<b>Number of requirements</b>	<b>5</b>	<b>Number of recommendations</b>	<b>3</b>
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**5.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Linda McVey, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

**5.1 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 (DOH) Minimum Standards for Dental Care and Treatment (2011).

**5.2 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 26 (as amended)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b></p>	<p>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.</p> <p>Written reports of the unannounced visits should be available for inspection.</p>

<p>25 July 2018</p>	<p>Ref: 4.2</p> <p><b>Response by registered person detailing the actions taken:</b> Mrs Monica Shah and Mrs Pamela McKay have been addressing this by training and composing a new report document</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 26 (as amended)</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2018</p>	<p>The registered person shall ensure that an unannounced visit as outlined in the regulations is carried out and a copy of the written report is submitted to RQIA within three months.</p> <p>Ref: 4.2</p> <p><b>Response by registered person detailing the actions taken:</b> This will be carried out by Pamela McKay or Mrs Shah at a unknown date. The report will then be forwarded to the RQIA</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 15 (3)</p> <p>Stated: Second time</p> <p>To be completed by: 23 June 2018</p>	<p>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.</p> <p>Ref: 4.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Decontamination room has been refurbished and is now complete.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Regulation 25 (2) (d)</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2018</p>	<p>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.</p> <p>Ref: 4.2</p> <p><b>Response by registered person detailing the actions taken:</b> <i>A lock has been put on the door.</i></p>
<p><b>Area for improvement 5</b></p> <p>Ref: Regulation 15 (1)</p> <p>Stated: First time</p> <p>To be completed by: 23 June 2018</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• justification and clinical evaluation recording x-ray audits are undertaken in respect of each dentist on an annual basis</li> <li>• clarification is sought from the radiation protection advisor (RPA) and/or service engineer regarding the safety of the casing of the x-ray tube in Surgery 9 and action taken as necessary. Records should be retained in respect of the advice given by the RPA or service engineer.</li> </ul> <p>Ref: 4.2</p> <p><b>Response by registered person detailing the actions taken:</b></p>

	<p>An Audit will be done for all dentists at the practice. Clarification was sought from the RPA on photon - Estelle Walker.</p>
<p><b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b></p>	<p>Email received 21/5/18.</p>
<p><b>Area for improvement 1</b>   <b>Ref:</b> Standard 11   <b>Stated:</b> First time   <b>To be completed by:</b>                  25 June 2018</p>	<p>The registered person shall ensure that records pertaining to the operation of Ballymena Dental Care are retained in the practice.                   Ref: 4.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>                  All records for Ballymena will now be held at the surgery</p>
<p><b>Area for improvement 2</b>   <b>Ref:</b> Standard 13.4   <b>Stated:</b> First time   <b>To be completed by:</b>                  24 April 2018</p>	<p>The registered person shall ensure that the details of the daily automatic control test (ACT) are recorded in the steriliser logbook.                   Ref: 4.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>                  The nurses are now recording this information in the log books</p>
<p><b>Area for improvement 3</b>   <b>Ref:</b> Standard 13   <b>Stated:</b> Second time   <b>To be completed by:</b>                  23 May 2018</p>	<p>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.                   Ref: 4.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>                  A complete new audit has been done.</p>

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