

Unannounced Care Inspection Report 5 December 2017



Dundonald Dental Practice

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: 1003 Upper Newtownards Road, Dundonald BT16 1RN
Tel No: 02890 483240
Inspectors: Emily Campbell and Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service 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 three 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: Ms Ioanna Kasakov, associate dentist	Date manager registered: Application not yet submitted
Categories of care: Independent Hospital (IH) - Dental Treatment	Number of registered places: 3

4.0 Inspection summary

An unannounced inspection took place on 5 December 2017 from 10:35 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 Dundonald Dental Practice. 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 recruitment and selection practices 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 to 12 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.

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

Three areas for improvement against the regulations and three areas for improvement against the standards were made regarding the recruitment and selection arrangements.

In addition to the areas of concern outlined above, six areas for improvement against the standards were made regarding infection prevention and control and decontamination, three 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	9	14

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Jo-Ann Ferguson, 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/](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 7 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 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 Ms Ioanna Kasakov, associate dentist and person in charge, a dental nurse and a receptionist/treatment co-ordinator. Miss Jo-Ann Ferguson, registered manager Dental World 1 Limited, attended the practice after the commencement of the inspection and facilitated the remainder of the inspection. 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 Ms Ferguson at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspections dated 7 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 7 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 Ref: Regulation 15 (7) Stated: First time	The registered provider must ensure that surgery 3, located on the first floor, is refurbished prior to it being made operational. The following should be addressed within the refurbishment: <ul style="list-style-type: none"> • the clinical waste bin should be pedal or sensor operated • flooring should be coved/sealed at the edges • the tear in the operators chair should be repaired/recovered • the Relative Analgesia (RA) unit should be removed • the embossed wall paper should be removed/cladded over 	Met
	Action taken as confirmed during the inspection: Observations made evidenced that this area for improvement had been addressed.	

<p>Area for improvement 2</p> <p>Ref: Regulation 15 (1)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that a review of the radiation protection file is undertaken and actions implemented to address the following issues identified:</p> <ul style="list-style-type: none"> • the report made by the RPA in 2014 and in 2016 must be made available to review and any recommendation made by the RPA should be addressed • the file should contain one set of local rules and correctly identify the radiation protection supervisor (RPS) • the legal employer identified should be updated • the employer's procedures must reflect all of the relevant components • staff should be authorised by the radiation protection supervisor (RPS) to undertake their relevant responsibilities • x-ray equipment must be serviced in keeping with the manufacturer's instructions <p>Action taken as confirmed during the inspection:</p> <p>The response submitted by the registered persons indicated that this area for improvement had been addressed. The radiation protection file was not available during the inspection and Ms Ferguson advised that the RPS had provided her with the file to review in preparation for a planned inspection to the practice.</p> <p>However, 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 28 April 2017. Ms Ferguson emailed a copy of the RPA report to RQIA on 8 December 2017 and confirmed that some recommendations made by the RPA had not yet been addressed.</p> <p>An area for improvement was made against the regulations during this inspection that all recommendations made by the RPA should be addressed.</p>	<p>Met</p>
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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	<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"> • name and address of the registered provider and registered manager • relevant experience of the registered provider and registered manager • the number, relevant qualifications and experience of the staff working in the practice • the arrangements in the event of a patient being dissatisfied with the outcome of a complaints investigation <p>The revised copy of the SOP should be submitted to RQIA upon return of the QIP.</p>	Carried forward for review at the next care inspection
	<p>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.</p>	
Area for improvement 2 Ref: Standard 1 Stated: First time	<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>	Carried forward for review at the next care inspection
	<p>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.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 9</p> <p>Stated: First 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>Action taken as confirmed during the inspection:</p> <p>A revised complaints policy and procedure were submitted to RQIA following the pre-registration inspection, which were observed to have been further developed as requested. However, the complaints policy and procedure observed on display in the waiting area and in the policy folder, was not the updated version.</p> <p>This area for improvement has not been addressed and has been stated for the second time.</p>	<p>Not met</p>
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<p>Area for improvement 4</p> <p>Ref: Standard 8</p> <p>Stated: 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"> • safeguarding children and adults at risk of harm • recruitment and selection • records management – retention schedule • health and safety • underperforming and whistleblowing • infection control <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 relevant policies within a specific topic area or be cross referenced to associated relevant policies.</p> <p>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.</p>	<p>Carried forward for review at the next care inspection</p>
<p>Area for improvement 5</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p>	<p>The following issues in relation to infection prevention and control should be addressed in keeping with best practice guidance :</p> <ul style="list-style-type: none"> • the flooring in all clinical areas is sealed at the edges and where cabinetry meets the flooring • an operator's chair should be provided in surgery 2 <p>Action taken as confirmed during the inspection: Observations made evidenced that this area for improvement has been addressed.</p>	<p>Met</p>

Area for improvement 6 Ref: Standard 12 Stated: First time	A management of medical emergencies policy should be developed in accordance with legislative and best practice guidance.	Not met
	Action taken as confirmed during the inspection: The management of medical emergencies policy available in the policy folder was a corporate policy and had not been individualised to reflect the specific arrangements in the practice. The policy did not include details of the equipment or medicines provided how to summons help, incident documentation or debriefing following an event. This area for improvement has not been addressed and has been stated for the second time.	

6.3 Inspection findings

Management of operations and governance arrangements

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.

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
- fire safety arrangements

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.

As discussed previously, an area for improvement against the standards was made 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 observed on display in the waiting area and in the policy folder was not the updated version. An area for improvement against the standards was made for the second time in this regard.

A fire safety file was available and fire safety equipment servicing was up to date. Staff confirmed that fire safety training had been provided in February 2017, however, a record was not retained in this regard and there was no evidence that fire drills had been carried out. An area for improvement against the standards was made that fire safety awareness training is provided and that fire drills are carried out on an annual basis. Records should be retained. Pressure vessels had been inspected under the written scheme of examination of pressure vessels.

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. Ms Ferguson submitted a copy of an unannounced visit to RQIA on 6 December 2017; however, this was an audit and did not contain all of the pertinent information. 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

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 required 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.

The complaints policies and procedures should be further developed.

Fire safety awareness training should be provided and fire drills carried out on an annual basis.

	Regulations	Standards
Total number of areas for improvement	5	2

Recruitment and selection

The personnel files of four staff recruited since registration were reviewed. 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 respect of two staff and two staff had only one written reference. The written reference in respect of one staff member was negative and there was no evidence of any follow-up in respect of this
- no criminal conviction declaration in respect of two staff
- no employment history in respect of two staff
- no physical and mental health assessment in respect of three staff except for an immunisation history

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

AccessNI enhanced disclosure checks had been obtained for all staff; however the check in respect of one staff member was not obtained until after the contracted date of employment. An area for improvement against the regulations was made in this regard.

Copies of the original AccessNI 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 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.

There was no evidence that contracts of employment/agreement had been issued in respect of two staff and no record of induction in respect of two staff. 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 two staff 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. Discussion with a staff member confirmed that there was no meaningful induction provided when they joined the practice and it was left to them to seek out information. 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.

Areas for improvement

Two written references, one of which should be from the current/most recent employer, a criminal conviction declaration, employment history 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 checks must be obtained in respect of any new staff prior to their commencement of employment.

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.

	Regulations	Standards
Total number of areas for improvement	3	3

Infection prevention and control and decontamination

The practice was observed to be clean and tidy throughout. Surgery 3 on the first floor has been refurbished since the pre-registration inspection. Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities.

All cleaning in the practice is carried out by staff and colour coding of cleaning equipment is reflective of the National Patient Safety Agency (NPSA) guidelines. A cleaning schedule was in place, however, this concentrated on clinical areas and lacked detail. An area for improvement against the regulations was made that cleaning schedules are further developed to detail the arrangements for all areas of the practice and should include the frequency of cleaning and who is responsible.

The dental chair upholstery in Surgery 3 and the operator's chair in Surgery 1 had tears and an area for improvement against the standards was made that these should be repaired/ re-upholstered.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and steam steriliser, has been provided to meet the practice requirements. Review of documentation evidenced that decontamination equipment had been validated. Logbooks had been established for the washer disinfectant and steriliser; however, the logbooks did not include information about the equipment. Periodic tests as outlined in Health Technical Memorandum (HTM) 01-05 were being carried out and recorded with the exception of the details of the daily automatic control test (ACT) for the steriliser. Discussion with staff confirmed that the ACT consisted of checking the sterilisation temperature, sterilisation hold time and pressure reading. An area for improvement against the standards was made that decontamination equipment logbooks are further developed to include the equipment information and that the details of the ACT are recorded in the steriliser logbook.

Discussion with staff confirmed that compatible dental handpieces were not processed through the washer disinfectant and observation of the washer disinfectant identified that portals were not provided to facilitate this. Staff advised that currently there was insufficient numbers of handpieces to process them through the washer disinfectant. An area for improvement against the standards was made in this regard.

Sterilised instruments are bagged following processing and an expiry date of one year is recorded. The pouches used for processed instruments state that the minimum shelf life is six months. This statement is confusing and staff were unclear as to what it meant. An area for improvement against the standards was made that clarification regarding the shelf life of pouches used for storing sterilised instruments is sought with the manufacturer.

The decontamination room had ventilation in place for extract ventilation at the dirty side of the room and the provision of make-up air at the clean side. However, it was confirmed that the extract ventilation is not used and the switch for this was observed to be out of reach, being located near the ceiling. An area for improvement against the standards was identified that arrangements are made to ensure staff can access the switch for the extract ventilation and that extract ventilation is used during the decontamination process.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during July 2017.

Areas for improvement

Cleaning schedules should be further developed to detail the arrangements for all areas of the practice and should include the frequency of cleaning and who is responsible.

The dental chair upholstery in Surgery 3 and operator's chair in Surgery 1 should be repaired/re-upholstered.

Decontamination equipment logbooks should be further developed to include the equipment information and the details of the daily ACT should be recorded in the steriliser logbook.

Portals should be provided for the washer disinfectant to facilitate the processing of dental handpieces and any compatible dental handpieces should be decontaminated using this method. A sufficient supply of handpieces should be provided to facilitate processing through the washer disinfectant.

Clarification regarding the shelf life of pouches used for storing sterilised instruments should be sought with the manufacturer.

Arrangements should be made to ensure staff can access the switch for the extract ventilation and that extract ventilation is used during the decontamination process.

	Regulations	Standards
Total number of areas for improvement	0	6

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. This was addressed during the inspection. 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 in this regard.

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.

As discussed previously, the management of medical emergencies policy available in the policy folder was a corporate policy and had not been individualised to reflect the specific arrangements in the practice. The policy did not include details of the equipment or medicines provided, how to summons help, incident documentation or debriefing following an event. An area for improvement against the standards was made for the second time in this regard.

Areas for improvement

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.

A management of medical emergencies policy should be developed in accordance with legislative and best practice guidance.

	Regulations	Standards
Total number of areas for improvement	0	3

Radiology

As discussed previously, the radiation protection file was not available during the inspection and Ms Ferguson advised that the RPS had provided her with the file to review in preparation for a planned inspection to the practice.

Since the previous inspection a new RPA has been appointed and a quality assurance check was carried out by the RPA on 28 April 2017. Ms Ferguson emailed a copy of the RPA report to RQIA on 8 December 2017 and confirmed that some recommendations made by the RPA had not yet been addressed. An area for improvement was made against the regulations during this inspection that all recommendations made by the RPA should be addressed and confirmation recorded in the radiation protection file.

Areas for improvement

All 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 Ms Jo-Ann Ferguson, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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: 5 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: This unannounced inspection was carried out by Monica Shah on 14 th December 17. Monica gave Jo-Ann Ferguson a detailed Improvement Plan.
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: Jo-Ann Ferguson is submitting an application this week to become registered manager of this practice. Jo-Ann Ferguson will no longer be registered manager of Lisburn Dental Centre and forms will be submitted accordingly.

<p>Area for improvement 3</p> <p>Ref: Regulation 19 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: 5 February 2018</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>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The system I use for the other three practices is a spreadsheet. I have added all staff in Dundonald and have updated accordingly. The spreadsheet is checked monthly as a way of ensuring all paperwork remains updated.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 19 (3)</p> <p>Stated: First time</p> <p>To be completed by: 5 February 2018</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>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Same as above - the spreadsheet includes - Staff name, Start Date, Qualifications, Registrations , Indemnity (if required) and Training.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 18 (2)</p> <p>Stated: First time</p> <p>To be completed by: 5 March 2018</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>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: I have started staff training in Decontamination, CPR has been carried out and Training logs are available.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 5 December 2017</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, employment history 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>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: This is carried out automatically now in my other Practices and we understand this is essential before employment has commenced.</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 5 December 2017</p>	<p>The registered person shall ensure that enhanced AccessNI checks are obtained in respect of any new staff prior to their commencement of employment.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: This is carried out in the other practices and no offer of employment is made until a satisfactory access NI and 2 references have been received.</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 18 (2)</p> <p>Stated: First time</p> <p>To be completed by: 5 March 2018</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> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: We are still using an induction check list and as RQIA have stated they are not detailed enough I have also added an induction sheet so that we can detail certain procedures and training provided in the first few weeks of employment.</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 15 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 5 February 2018</p>	<p>The registered person shall ensure that all recommendations made by the radiation protection advisor (RPA) are addressed and confirmation recorded in the radiation protection file.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The radiation file has been brought up to date and all audits carried out to a satisfactory level.</p>

Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 9 Stated: Second time To be completed by: 5 March 2018	<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>Ref: 6.2 & 6.3</p>
	<p>Response by registered person detailing the actions taken: Complaints policies have both (NHS and PRIVATE) been updated accordingly.</p>
Area for improvement 2 Ref: Standard 12.5 Stated: First time To be completed by: 5 March 2018	<p>The registered person shall ensure that fire safety awareness training is provided and fire drills are carried out on an annual basis. Records should be retained.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: We carried out a fire drill on 1/3/18 and we have had fire experts out showing us how the Alarm works and how to test it. The extinguishers and lighting have all been fixed and changed. A fire risk assessment has been carried out and I have booked fire training for 8/3/18.</p>
Area for improvement 3 Ref: Standard 11.1 Stated: First time To be completed by: 5 January 2018	<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>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Access NI Certificates are given back to the employee. I usually just check it and take the number off for our log.</p>

Area for improvement 4 Ref: Standard 11 Stated: First time To be completed by: 5 March 2018	<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> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: This will be carried out moving forward for all new employees</p>
Area for improvement 5 Ref: Standard 11 Stated: First time To be completed by: 5 February 2018	<p>The registered person shall establish a staff register containing the following staff details:</p> <ul style="list-style-type: none"> • 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 <p>The staff register should be kept updated and be available for inspection.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Completed</p>
Area for improvement 6 Ref: Standard 13.1 Stated: First time To be completed by: 5 February 2018	<p>The registered person shall ensure cleaning schedules are further developed to detail the arrangements for all areas of the practice and include the frequency of cleaning and who is responsible.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Completed</p>
Area for improvement 7 Ref: Standard 13.2 Stated: First time To be completed by: 5 March 2018	<p>The registered person shall ensure that the upholstery of the dental chair in Surgery 3 and the operator's chair in Surgery 1 is repaired/ re-upholstered.</p> <p>Ref:6.3</p> <p>Response by registered person detailing the actions taken: The upholstery has been changed in surgery 3. The operators chair has been removed in surgery 1 and the dentist is using a suitable temporary chair while the other one is away for re-upholstering</p>

Area for improvement 8 Ref: Standard 13.4 Stated: First time To be completed by: 12 February 2018	<p>The registered person shall ensure that decontamination equipment logbooks are further developed to include the equipment information and that the details of the steriliser daily automatic control test (ACT) are recorded.</p> <p>Ref:6.3</p> <p>Response by registered person detailing the actions taken: Log Books have been changed and training provided on how to look after the log books and the importance of them.</p>
Area for improvement 9 Ref: Standard 13.4 Stated: First time To be completed by: 5 March 2018	<p>The registered person shall provide portals for the washer disinfectors to facilitate the processing of dental handpieces.</p> <p>Any compatible dental handpieces should be decontaminated using this method.</p> <p>A sufficient supply of handpieces should be provided to facilitate processing through the washer disinfectors.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All handpieces are now being processed through the washer disinfectors. We have purchased 20 more handpieces to facilitate this. We are currently using new cages to hold the handpieces in the new Washer disinfectors .</p>
Area for improvement 10 Ref: Standard 13.4 Stated: First time To be completed by: 5 February 2018	<p>The registered person shall seek clarification regarding the shelf life of pouches used for storing sterilised instruments with the manufacturer.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: I sought clarification and the self seal pouches have a date of only 6 months. We decided not to purchase these in the future and use the sterilisation pouches with no date. We can then process instruments and store up to 1 year.</p>
Area for improvement 11 Ref: Standard 13.4 Stated: First time To be completed by: 5 March 2018	<p>The registered person shall make arrangements to ensure staff can access the switch for the extract ventilation and that extract ventilation is used during the decontamination process.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: This has not been addressed by an electrician as yet but I have put the extractor fan on and it remains on at all times.</p>

Area for improvement 12 Ref: Standard 12.4 Stated: First time To be completed by: 5 January 2018	The registered person shall provide automated external defibrillator (AED) pads suitable for use with a child. Ref: 6.3 Response by registered person detailing the actions taken: Completed and stored with defibrillator (AED)
Area for improvement 13 Ref: Standard 12.3 Stated: First time To be completed by: 5 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: Completed on 7 th January 18
Area for improvement 14 Ref: Standard 12 Stated: Second time To be completed by: 4 March 2018	A management of medical emergencies policy should be developed in accordance with legislative and best practice guidance Ref: 6.2 & 6.3 Response by registered person detailing the actions taken: Completed

Areas for improvement carried forward for review at the next care inspection	
<p>Area for improvement 1</p> <p>Ref: Standard 1</p> <p>Stated: First time</p> <p>To be completed by: 8 January 2017</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"> • name and address of the registered provider and registered manager • relevant experience of the registered provider and registered manager • the number, relevant qualifications and experience of the staff working in the practice • the arrangements in the event of a patient being dissatisfied with the outcome of a complaints investigation <p>The revised copy of the SOP should be submitted to RQIA upon return of the QIP.</p> <p>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.</p> <p>Ref: 6.2</p>
<p>Area for improvement 2</p> <p>Ref: Standard 1</p> <p>Stated: First time</p> <p>To be completed by: 8 January 2017</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> <p>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.</p> <p>Ref: 6.2</p>

<p>Area for improvement 3</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 8 March 2017</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"> • safeguarding children and adults at risk of harm • recruitment and selection • records management – retention schedule • health and safety • underperforming and whistleblowing • infection control <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 relevant policies within a specific topic area or be cross referenced to associated relevant policies.</p> <p>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.</p> <p>Ref: 6.2</p>
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