

Unannounced Follow-up Care Inspection Report 15 August 2018



Dundonald Dental Practice

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: 1003 Upper Newtownards Road, Dundonald BT16 1RN
Tel No: 02890 483240
Inspector: Norma Munn

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 Monica Shah	Acting Registered Manager: Ms Megan Bell
Person in charge at the time of inspection: Ms Megan Bell, acting manager	Date manager registered: Application submitted
Categories of care: Independent Hospital (IH) - Dental Treatment	Number of registered places: Three

Following the previous inspection an application was submitted for the registration of Ms Monica Shah as the responsible individual of Dental World 1 Limited. Following submission, a fit persons interview and review of the application, registration with RQIA was approved on 18 July 2018.

4.0 Inspection summary

An unannounced follow up inspection was undertaken to Dundonald Dental Practice on 15 August 2018 from 10.00 to 14.30. The focus of the inspection was to ascertain the progress made to address the areas of improvement identified as a result of the unannounced inspections undertaken on 5 December 2017 and 16 May 2018.

An unannounced inspection on 5 December 2017 resulted in nine areas of improvement against the regulations and fourteen areas of improvement against the standards. As a result of the issues identified, a serious concerns meeting was held with senior representatives from Dental World 1 Limited in RQIA on 12 January 2018. At this meeting the actions that had been taken to address the issues identified were discussed and assurances were given that the organisational governance and oversight arrangements in respect of Dundonald Dental Practice were robust. It was agreed that a further unannounced inspection would be arranged to assess progress made.

An unannounced follow up inspection was undertaken to Dundonald Dental Practice on 16 May 2018 to ascertain the progress made to address the areas of improvement identified during the inspection on 5 December 2017. It was identified that a significant number of the areas for improvement had not been addressed.

RQIA was concerned that the necessary improvements had not been made. Subsequently, an intention to issue a failure to comply notice meeting was held with senior representatives from Dental World 1 Limited in RQIA on 30 May 2018. At this meeting RQIA discussed concerns in relation to the lack of robust governance and oversight arrangements within Dundonald Dental Practice. The actions that had been taken to address the identified issues were discussed and evidence was presented to support the actions taken. Assurances were given that the organisational governance and oversight arrangements in respect of Dundonald Dental Practice were robust. Following a review of the evidence presented at the meeting, a decision was

made not to issue a failure to comply notice. It was agreed that a further unannounced inspection was to be arranged to assess progress made.

An unannounced follow up inspection was undertaken to Dundonald Dental Practice on 15 August 2018. During this inspection it was identified that a significant amount of progress has been made to address the areas of improvement identified as a result of the unannounced inspections undertaken on 5 December 2017 and 16 May 2018.

As a result of this inspection two areas for improvement against the standards have been made. One in relation to the provision of safeguarding training and the other to further develop the staff induction programme.

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).

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Bell as part of the inspection process.

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

4.2 Action/enforcement taken following the most recent care inspection dated 16 May 2018

As previously discussed, as a result of the issues identified during the inspection on 16 May 2018, an intention to issue a failure to comply notice meeting was held with senior representatives from Dental World 1 Limited in RQIA on 30 May 2018.

At this meeting, an account of the actions taken to ensure the minimum improvements necessary to achieve compliance with the areas for improvement identified was provided. RQIA was assured that the appropriate actions to address the issues identified 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.

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 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 inspector met with Ms Megan Bell, one dental nurse, and one receptionist. Ms Linda McVey, a registered manager within the Dental World 1 Limited group attended the practice after the commencement of the inspection and helped to facilitate the inspection. The inspector also met briefly with a company director. A tour of some areas 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
- management of medical emergencies
- training
- infection prevention and control
- decontamination
- radiography
- management and governance arrangements

The findings of the inspection were provided to Ms Bell at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 May 2018

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

6.2 Review of areas for improvement from the care inspections dated 16 May 2018

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 26 Stated: Second time	<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>	Met
	<p>Action taken as confirmed during the inspection: Following the previous inspection RQIA received a copy of the written report of the unannounced monitoring visit carried out during June 2018.</p> <p>Ms Bell confirmed that future monitoring visits will be carried out on at least a six monthly basis and the written reports of the unannounced visits will be made available for inspection.</p>	
Area for improvement 2 Ref: Regulation 26 Stated: First time	<p>The registered person shall ensure that the reports completed in accordance with Regulation 26 of The independent Health Care Regulations (Northern Ireland) 2005 are forwarded to RQIA on a monthly basis for a period of three months (from June 2018). These should include a clear focus on the actions as outlined in the quality improvement plan within this report.</p>	Met

	<p>Action taken as confirmed during the inspection: As previously discussed RQIA received a copy of written report of the unannounced monitoring visit carried out during June 2018.</p> <p>An unannounced quality monitoring visit report for July was not submitted to RQIA. During discussion Ms Bell confirmed that due to annual leave an unannounced visit did not take place during July.</p> <p>Following the inspection RQIA received a detailed copy of report of the monitoring visit completed for August 2018. This included the actions as outlined in the previous quality improvement plan.</p>	
<p>Area for improvement 3 Ref: Regulation 11 Stated: Second 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>Action taken as confirmed during the inspection: Following the previous inspection RQIA received written confirmation that Ms Megan Bell would be the acting manager for Dundonald Dental Practice. During this inspection a company director confirmed that a registered manager application in respect of Ms Bell would be submitted to RQIA. Following this inspection RQIA received an application in respect of Ms Bell.</p>	Met
<p>Area for improvement 4 Ref: Regulation 19 (1) (c) Stated: Second time</p>	<p>The registered person shall ensure that a system is established to review the General Dental Council (GDC) registration status of clinical staff. Records should be retained.</p>	Met

	<p>Action taken as confirmed during the inspection: Ms Bell confirmed that a system has been established to review the GDC registration status of clinical staff. A review of records and discussion with Ms Bell confirmed that all clinical staff were registered with the GDC and a record had been retained.</p>	
<p>Area for improvement 5 Ref: Regulation 19 (3) Stated: Second 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>	Met
	<p>Action taken as confirmed during the inspection: A review of records and discussion with Ms Bell confirmed that a system has been established to review the professional indemnity of staff who required individual professional indemnity.</p>	
<p>Area for improvement 6 Ref: Regulation 18 (2) Stated: Second 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>	Met
	<p>Action taken as confirmed during the inspection: A review of training records and discussion with Ms Bell confirmed that a system has been established to ensure that all staff receive appropriate training to fulfil the duties of their role. However, safeguarding training for all staff had not been completed in accordance with The Minimum Standards for Dental Care and Treatment (2011) and RQIA training guidance. This was discussed with Ms Bell and a separate area for improvement against the standards has been made.</p>	

<p>Area for improvement 7</p> <p>Ref:Regulation 19 (2) Schedule 2</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that 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>Action taken as confirmed during the inspection: Ms Bell confirmed that no new staff had been recruited since the previous inspection.</p> <p>Ms Bell is aware that a criminal conviction declaration and a physical and mental health assessment should be sought and retained for all new staff commencing employment in the future.</p>	<p>Met</p>
<p>Area for improvement 8</p> <p>Ref:Regulation 18 (2)</p> <p>Stated: Second 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> <p>Action taken as confirmed during the inspection: Discussion with Ms Bell confirmed that an induction had been provided when she commenced employment and a record of this had been retained.</p> <p>Ms Bell confirmed that role specific induction programmes are in the process of being developed by Dental World 1 limited. These were not available to review during the inspection.</p> <p>This area for improvement has not been fully addressed and a separate area for improvement against the standards has been made.</p>	<p>Partially Met</p>

<p>Area for improvement 9</p> <p>Ref: Regulation 15 (1) (2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the radiation protection advisor (RPA) reviews the report of the critical examination check carried out by the installer for the newly installed x-ray unit prior to use. Any recommendations made by the RPA should be actioned and a record retained to evidence this.</p> <p>The dental surgeries should be clearly labelled/numbered to ensure that staff can identify the surgeries referenced in the RPA report.</p> <p>Action taken as confirmed during the inspection: A review of the report of the critical examination check carried out by the installer for the newly installed x-ray unit evidenced that there were no recommendations made.</p> <p>There was still some confusion in relation to the labelled/numbered of the surgeries as referenced in the RPA report. Ms Bell confirmed that the surgeries had been numbered correctly however it was identified that the most recent x-ray engineers report and RPA report identification of the surgeries needed to be amended to reflect the correct room numbers. Ms Bell agreed to action this following the inspection.</p>	<p>Met</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 25 (2)(d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all cleaning chemicals are stored safely in keeping with the Control of Substances Hazardous to Health Regulations (COSHH) 2002.</p> <p>Action taken as confirmed during the inspection: Observation and discussion with Ms Bell confirmed that all cleaning chemicals were stored safely in keeping with COSHH regulations.</p>	<p>Met</p>
<p>Area for improvement 11</p> <p>Ref: Regulation 15 (5)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that dental handpieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>During the inspection it was not clear how staff determined which handpieces were processed in the washer disinfectant and which were not.</p> <p>Ms Bell confirmed that she would be seeking further advice and guidance from the manufacturers of the dental handpieces staff were unsure about.</p> <p>Following the inspection it was confirmed that all dental handpieces were being processed in the washer disinfectant prior to sterilisation.</p>	
<p>Area for improvement 12</p> <p>Ref: Regulation 15 (5)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that periodic testing as outlined in HTM 01-05 are undertaken and recorded for all equipment used in the decontamination process.</p> <p>Records are to be retained in the log books provided for each piece of equipment.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of records and discussion with staff confirmed that periodic tests are being undertaken and recorded for all equipment used in the decontamination process in accordance with best practice.</p>	Met
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<p>Area for improvement1</p> <p>Ref: Standard 12.5</p> <p>Stated: Second time</p>	<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>Action taken as confirmed during the inspection:</p> <p>It was confirmed that a fire drill had been completed during May 2018 and a record retained to evidence this.</p> <p>Ms Bell confirmed that fire training had been carried out during January 2018 however, there were no records to evidence this.</p> <p>Following the inspection RQIA received copies of the fire training certificates to evidence that the fire training had been carried out.</p>	Met

<p>Area for improvement 2</p> <p>Ref: Standard 11.1</p> <p>Stated: Second 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>Action taken as confirmed during the inspection: Ms Bell confirmed that AccessNI certificates had been disposed of in keeping with AccessNI's code of practice.</p> <p>A record had been retained of the dates the checks had been received, the unique identification number and the outcome of the assessment of the check. Ms Bell was advised to also include the date the check was applied for.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that written induction programmes are provided for any new staff recruited. Copies should be retained in staff personnel files.</p> <p>Action taken as confirmed during the inspection: Discussion with Ms Bell and a review of records confirmed that an induction had been completed for Ms Bell shortly after she commenced employment. Ms Bell was advised to ensure that the induction record was signed and dated by the inductor and inductee.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the staff register is kept updated and be available for inspection.</p> <p>Action taken as confirmed during the inspection: Review of documentation and discussion with Ms Bell evidenced that the staff register has been kept up to date.</p> <p>Ms Bell was aware that the staff register is a live document and should be kept up to date.</p>	<p>Met</p>

<p>Area for improvement 5</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the upholstery on the dental stools in the identified surgeries is repaired/re-upholstered.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation and discussion with Ms Bell confirmed that the dental stools in the identified surgeries had been re-upholstered.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 1</p> <p>Stated: Second 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"> • 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 <p>The revised copy of the SOP should be submitted to RQIA upon return of the QIP.</p> <hr/> <p>Action taken as confirmed during the inspection: The SOP had been further developed following the previous inspection as outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. However there had been further changes in the management structure of Dental World 1 Limited since the previous inspection. These changes had not been reflected in the SOP reviewed. During the inspection the SOP was updated accordingly. Ms Bell was advised to ensure that the SOP is kept up to date.</p>	<p>Met</p>

<p>Area for improvement 7</p> <p>Ref: Standard 1</p> <p>Stated: Second 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>Action taken as confirmed during the inspection:</p> <p>The patient guide had not been further developed since the previous inspection. This was discussed and following the inspection a revised patient guide was submitted to RQIA. Review of this document evidenced that it fully reflected the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>	<p>Met</p>
<p>Area for improvement 8</p> <p>Ref: Standard 8</p> <p>Stated: Second time</p>	<p>The following policies and procedures should be further developed in accordance with legislative and best practice guidance:</p> <ul style="list-style-type: none"> • safeguarding children and adults at risk of harm • whistleblowing <p>Policies should be indexed in topical areas 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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with Ms Bell and a review of policies confirmed that the safeguarding policies had been further developed in keeping with regional guidance.</p> <p>The whistle blowing/raising concerns policy did not include the details of the RQIA and the GDC and this was amended during the inspection.</p> <p>Staff confirmed that they have easy access to all relevant policies and procedures in respect of Dundonald Dental Practice.</p>	<p>Met</p>

Area for improvement 9 Ref: Standard 14.2 Stated: First time	The registered person shall ensure that the fire risk assessment recently undertaken is reviewed and any recommendations made therein are addressed within the timeframes specified. Records should be retained for inspection.	Met
	Action taken as confirmed during the inspection: Ms Bell confirmed that the fire risk assessment had been reviewed and the recommendations made were being addressed immediately following the inspection. Following the inspection RQIA received confirmation that this had been actioned.	

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 Bell and Ms McVey 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; 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 (DOH) Minimum Standards for Dental Care and Treatment (2011).

7.2 Actions to be taken by the service

Quality Improvement Plan	
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 15.3 Stated: First Time To be completed by: 15 October 2018	<p>The registered person shall ensure that safeguarding of adults and children training is provided as outlined in the Minimum Standards for Dental Care and Treatment (2011) and in accordance with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and the Safeguarding Board for Northern Ireland (SBNI) Child Safeguarding Learning and Development Strategy and Framework 2015-2018.</p> <p>Response by registered person detailing the actions taken: Following RQIAs inspection, all staff have now completed Safeguarding up to level 2, and Megan Bell has enrolled on the appropriate course to become the practice's designated officer.</p>
Area for improvement 2 Ref: Standard 11.3 Stated: First Time To be completed by: 15 October 2018	<p>The registered person shall further develop the induction programmes to provide a meaningful induction specific to the role of each new employee recruited.</p> <p>Response by registered person detailing the actions taken: Job specific inductions have now been written up in the practice. We now have specific induction for; Dentists, VT Dentists, Dental Nurses, Trainee Dental Nurses, and Practice Lead/Acting Manager.</p>

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