



The Regulation and  
Quality Improvement  
Authority

**Ballynahinch Dental Care**  
RQIA ID: 11382  
11 Main Street  
Ballynahinch  
BT24 8DN

**Inspector: Carmel McKeegan**  
**Inspection ID: IN021859**

**Tel: 028 9756 2676**

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**Announced Care Inspection  
of  
Ballynahinch Dental Care**

**26 May 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
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## 1. Summary of Inspection

An announced care inspection took place on 26 May 2015 from 11.00 to 13.30. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

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, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

During the previous care inspection on 17 February 2015, concerns were raised regarding the failure to obtain an AccessNI for a staff member, the lack of governance arrangements in this regard and the none availability of records which should be retained in the practice as specified in regulation 21 3 (b), Schedule 3 Part II 6 and 8, of The Independent Health Care Regulations (Northern Ireland) 2005. Dr McGowan subsequently attended a serious concerns meeting at RQIA on 16 March 2015 to discuss these matters. During this meeting Dr McGowan provided assurances that appropriate measures would be put in place to address these concerns. Dr McGowan was advised that RQIA will continue to monitor the quality of service provided in Ballynahinch Dental Care and will carry out an inspection to assess compliance with these standards.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	10

The details of the QIP within this report were discussed with the Dr Clare McGowan, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Dr Clare McGowan	<b>Registered Manager:</b> Dr Clare McGowan
<b>Person in Charge of the Practice at the Time of Inspection:</b> Dr Clare McGowan	<b>Date Manager Registered:</b> 4 January 2012
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 3

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- medical and other emergencies; and
- recruitment and selection

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection the following records were analysed: staffing information, patient consultation report, and complaints declaration.

During the inspection the inspector met with Dr Clare McGowan, registered person, and two dental nurses.

The following records were examined during the inspection: policies and procedures, training records and two patient medical histories.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 17 February 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 17 February 2015

Last Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) (d) Schedule 2</p> <p><b>Stated:</b> First time</p>	<p>The identified staff member must not return to work in the practice until a satisfactory enhanced AccessNI check has been undertaken and received by the practice.</p> <p>Dr McGowan should provide written confirmation to RQIA, prior to the staff member returning to work, confirming that an enhanced AccessNI check has been processed and received, detailing the date the check was received, the unique identifier number and the date the staff member will recommence work at the practice.</p> <p><b>Note</b> A requirement was stated for the third and final time, during the previous inspection, in relation to obtaining enhanced AccessNI checks for staff prior to commencing work. Due to the specific issues regarding the processing of an AccessNI check for an identified staff member, whilst they are on long term leave, compliance with this requirement cannot be achieved. Subsequently this requirement has been made.</p> <p><b>Action taken as confirmed during the inspection:</b> Dr McGowan confirmed that the identified staff member is no longer employed in the practice. Dr McGowan confirmed that no staff have been appointed since the previous inspection and that she is aware that an enhanced Access NI check must be obtained for staff prior to commencing work</p>	<p><b>Met</b></p>

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 21 (3) (b), Schedule 3 Part II (6) (8)</p> <p><b>Stated:</b> First time</p>	<p>All records as specified in regulation 21 (3) (b), Schedule 3 Part II (6) and (8) of The Independent Health Care Regulations (Northern Ireland) 2005, must be retained in the practice and available for inspection at all times.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the previous inspection report indicated that an accident recording book was not available in the practice in the day of the inspection. On the day of this inspection, an accident recording book was retained in the practice, a review confirmed that no accidents/incidents had been recorded. Discussion with staff confirmed that they were aware of the action to take and records to make in the event of an accident/incident occurring in the practice.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 25 (2)</p> <p><b>Stated:</b> First time</p>	<p>A legionella risk assessment and written scheme for the prevention of legionella should be developed and control measures implemented as necessary.</p> <p>The legionella risk assessment should include details of:</p> <ul style="list-style-type: none"> <li>• the distribution of hot and cold water supply to all areas of the practice;</li> <li>• identification of hazards;</li> <li>• identification of people at risk;</li> <li>• control measures in place or to be put in place; and</li> <li>• the overall level of assessed risk.</li> </ul> <p>The L8 document legionnaires' disease approved code of practice and guidance should be taken into consideration when completing the risk assessment.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A legionella risk assessment and written scheme for the prevention of legionella was available for inspection. Review of this documentation confirmed that all of the areas identified in this recommendation are contained and addressed within the legionella risk assessment. The assessment provided an overall level of assessed risk, and was dated to show when the assessment had been undertaken.</p>	<p><b>Met</b></p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 28 (1)</p> <p><b>Stated:</b> First time</p>	<p>The RQIA certificate of registration must be displayed in a conspicuous place in the practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Dr McGowan stated that the RQIA certificate could not be located within the practice, and a new certificate had been requested from RQIA.</p> <p>Compliance with this requirement could not be verified on the day of this inspection, therefore this requirement is stated for a second time.</p>	<p><b>Not Met</b></p>
<p><b>Last Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>The procedures for</p> <ul style="list-style-type: none"> <li>• the management of blood or bodily fluid spillage; and</li> <li>• sharps and inoculation incidents should be further developed as identified in the body of the report.</li> </ul> <p>Staff should be made aware of the actions to be taken in the event of a spillage.</p> <p>A blood spillage kit should be provided and staff trained in its use.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the procedures for the management of blood and bodily fluid spillages confirmed that the action to be taken in the event of a spillage was included.</p> <p>Dr McGowan confirmed that a blood spillage kit had been ordered, however the supplier advised that due to a high demand there was a delay in sourcing this item. RQIA received photographic verification by email on 10 June 2015 to confirm that a spillage kit was provided in the practice.</p> <p>Review of the procedures for the management of sharps and inoculation injuries confirmed the action to be taken by staff members and Dr McGowan, including onward referral to the local Trust Occupational Health Department.</p> <p>Discussion with staff confirmed that they were of the correct action to be taken in the event of a blood/bodily fluid spillage and should an inoculation injury occur.</p>	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Sharps boxes should be signed and dated on assembly.</p> <p>Sharps boxes should not be stored on the floor.</p> <p>General sharps waste should be disposed of in an orange lidded sharps boxes - blue lidded sharps boxes should not be in use.</p> <p>Purple lidded sharps boxes should be provided for the disposal of pharmaceutical waste.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with staff and Dr McGowan confirmed that currently only one dental surgery is in use. Review of this surgery confirmed that an orange lidded sharps box and a purple lidded sharps box were provided and stored appropriately. Both sharps boxes were seen to be signed and dated on assembly.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>The accident/ incident book must be retained in the practice at all times to ensure that any incidents or accidents can be recorded at the time of the event.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>An accident/incident book was available in the practice. No accidents or incidents had been recorded. Discussion with staff confirmed they were aware of the action to take and documentation to make should an accident/incident occur in the dental practice.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Review the positioning of supplement products in the identified surgery and ensure they are enclosed to facilitate effective cleaning or removed from the surgery.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Dr McGowan and observation of the dental surgery confirmed that supplement products have been relocated. Surfaces were seen to be free from clutter and easy to clean.</p>	<p><b>Met</b></p>

<p><b>Recommendation 5</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Floor coverings in surgeries should be sealed at the edges and where cabinetry meets the flooring.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Observation of two dental surgeries confirmed that floor coverings had been sealed at the edges and where the cabinetry meets the flooring. One surgery on the first floor is not used.</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The warped cabinetry in the operational surgery on the first floor should be refurbished.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Observation of the operational surgery on the first floor confirmed that the cabinet unit has been replaced.</p>	<p><b>Met</b></p>
<p><b>Recommendation 7</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The overflows of the dedicated hand washing basins in surgeries should be blanked off with a stainless steel plate sealed with antibacterial mastic.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Review of dedicated hand washing basins in two surgeries confirmed that overflows have been blanked off as recommended.</p>	<p><b>Met</b></p>
<p><b>Recommendation 8</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Review the manufacturer's instruction and ensure dental unit water lines (DUWLs) are purged with a disinfectant as recommended by the manufacturer.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Discussion with staff and review of the written scheme for the prevention of legionella confirmed that the DUWLs are purged with Alpron as recommended by the manufacturer. Written guidance on the management of DUWLs was provided for staff.</p>	<p><b>Met</b></p>



<p><b>Recommendation 9</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The policy and procedure for the management and disposal of waste should be further developed and should include details of the various waste streams as outlined in HTM 07-01.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of the policy and procedure for the management and disposal of waste confirmed that the policy and associated procedures have been further developed to include details of the various waste streams, in the practice, as outlined in HTM 07-01.</p>	<p><b>Met</b></p>
<p><b>Recommendation 10</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Clinical waste bins should be pedal operated.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with Dr McGowan and staff confirmed that a pedal operated clinical waste bin had been ordered but has not yet been provided by the supplier.</p> <p>Compliance with this recommendation could not be verified on the day of this inspection, therefore this recommendation is stated for a second time.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 11</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The Infection Prevention Society (IPS) audit for the 2013 edition HTM 01-05 should be undertaken on a six monthly basis.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A completed IPS 2013 edition audit was available for inspection, staff confirmed this would be undertaken six monthly.</p>	<p><b>Met</b></p>
<p><b>Recommendation 12</b></p> <p>Ref: Standard 9.4</p> <p>Stated: First time</p>	<p>A more formalised approach should be taken in regard to patient satisfaction surveys. The findings of questionnaires should be collated and a report compiled of the results which should be made available to patients.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A summative report of a patient satisfaction survey undertaken in February 2015 was available for inspection. The report was detailed and informative. Discussion with staff confirmed that a copy of the report is made available to patients.</p>	<p><b>Met</b></p>

<p><b>Recommendation 13</b></p> <p><b>Ref:</b> Standard 1</p> <p><b>Stated:</b> First time</p>	<p>The signage outside the practice should be replaced to reflect the name of the practice as Ballynahinch Dental Care and not Ballynahinch Dental and Implant Centre.</p>	<p><b>Not Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Dr McGowan confirmed that she is in the process of researching and costing a replacement sign for outside the practice.</p> <p>This recommendation could not be verified as compliant and is stated for a second time.</p> <p>A timescale of three months was agreed to facilitate Dr McGowan obtaining a sign in keeping with the internal refurbishment undertaken within the practice.</p>		

### 5.3 Medical and Other Emergencies

#### Is Care Safe?

Discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements identified a number of issues which need to be addressed to ensure that the management of medical emergencies is in line with best practice guidance. Discussion with staff confirmed that they were familiar with the emergency medicines in keeping with the British National Formulary (BNF). The emergency medicines were reviewed and the following was noted;

- Adrenaline 1in 1000 expired in May 2014;
- Glucose (for administration by mouth) expired in April 2014;
- Glyceryl Trinitrate Spray expired in April 2014;
- Glucagon was not available; and
- Midazolam/Buccolam was not available.

The expired and missing emergency medications were discussed with Dr McGowan, who stated that the dental practice was closed that afternoon and the emergency medicines would be provided the next day. Dr McGowan was advised that Midazolam is no longer the format recommended by the Health and Social Care Board (HSCB) and that Buccolam Pre-Filled syringes should be provided. It was agreed that Dr McGowan would provide confirmation to RQIA by email the following day that emergency medicines in keeping with the BNF, were in place.

Following the inspection the inspector had corresponded with Ballynahinch Dental Care by email and telephone on a number of occasions. Despite this, written confirmation that the emergency medicines in keeping with the BNF were in place has not been received and subsequently a requirement has been made. In the absence of confirmation from Dr McGowan regarding the provision of emergency medications, an unannounced inspection may be undertaken. Dr McGowan was informed of this by email on 15 June 2015.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of a self-inflating bag with reservoir suitable for a child, and oropharyngeal airways in sizes 0,1,2,3,4.

Discussion with Dr McGowan confirmed that an automated external defibrillator (AED) was not available in the practice, and stated that an AED was available in a public building located within close proximity. Practice emergency procedures had not been developed to reflect the location and arrangements for access to an AED.

A robust system was not in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Discussion with staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

On the day of the inspection it was identified that improvement is needed to ensure the management of medical emergencies is safe.

### **Is Care Effective?**

A policy for the management of medical emergencies reflective of best practice guidance was not in place. Protocols for staff reference outlining the local procedure for dealing with the various medical emergencies were not available. Protocols should state the location and accessibility of the AED in the event of an emergency.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection it was identified that improvement is needed to ensure the arrangements for managing a medical emergency are effective.

### **Is Care Compassionate?**

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

## Areas for Improvement

Emergency medicines in keeping with the British National Formulary (BNF) must be provided.

Expiry dates on all medications and emergency equipment should be checked monthly and if required replaced. The records confirming the checks should be signed and dated each month.

Advice and guidance should be sought in regards to the provision of an AED.

Emergency equipment should be provided as stated in the Resuscitation Council (UK).

Policies and procedures for the management of medical emergencies should be developed to include the medical emergencies outlined in best practice guidance. The procedures should outline the arrangements in the practice. Protocols should state the location and accessibility of the AED in the event of an emergency.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>4</b>
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## 5.4 Recruitment and Selection

### Is Care Safe?

Discussion with Dr McGowan and staff confirmed that a recruitment and selection policy and procedure had not yet been developed. The inspector discussed Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, which clearly states the information required in respect of employees, and advised that a recruitment and selection policy should reflect the information contained therein.

Dr McGowan was directed to the Labour Relations Agency and the Equality NI websites for advice and support.

Since registration with RQIA, a practice manager had been employed but has since left, no other staff have been employed in this time period, therefore no staff personnel files were reviewed.

A staff register was not retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.

Dr McGowan confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. Records were available to demonstrate that the appropriate indemnity cover is in place.

On the day of the inspection it was identified that some improvement is needed to ensure recruitment and selection procedures are safe.

### Is Care Effective?

As previously stated a recruitment and selection procedure should be developed to ensure the practice complies with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Induction programme templates were in place relevant to specific roles within the practice. A sample of two evidenced that induction programmes had been completed when existing staff had joined the practice.

Discussion with staff confirmed that they had received induction training when they commenced work in the practice. However, staff confirmed that they have not been provided with a job description or contract of employment, nor had staff personnel files been implemented.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

On the day of the inspection recruitment and selection procedures were found to be in need of further development to ensure they are effective.

### **Is Care Compassionate?**

Discussion with Dr McGowan confirmed that arrangements are established with an umbrella body to undertake an Enhanced AccessNI check for any new staff member. Dr McGowan is aware that an Enhanced Access NI disclosure must be in place for any new staff member prior to commencement of employment.

Discussion with staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

On the day of the inspection recruitment and selection procedures were found to be in need of further development in order to be compassionate.

### **Areas for Improvement**

Recruitment and selection procedures should be developed to reflect best practice guidance.

Staff personnel files for newly recruited staff should include the information as indicated in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A staff register should be maintained.

Staff employed in the practice should be provided with a contract of employment and a relevant job description.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>4</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Staff Consultation/Questionnaires**

During the course of the inspection, the inspector spoke with Dr Clare McGowan, registered person, and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were not provided with a job description and contract of employment/agreement on commencing work in the practice, a recommendation was made in this regard. Staff confirmed they had been provided with an induction process which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

### **5.5.2 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

### **5.5.3 Patient Consultation**

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Dr Clare McGowan as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person/s may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 28 (1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 26 June 2015</p>	<p>The registered person must ensure that the RQIA certificate of registration is displayed in a conspicuous place in the practice.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 15 (6)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 27 May 2015</p>	<p>The registered person must ensure that emergency medicines in keeping with the British National Formulary (BNF) are provided in the dental practice.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 26 June 2015</p>	<p>It is recommended that clinical waste bins should be pedal operated.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p>
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### Recommendations

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 1</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 26 August 2015</p>	<p>It is recommended that the signage outside the practice should be replaced to reflect the name of the practice as Ballynahinch Dental Care and not Ballynahinch Dental and Implant Centre.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p>
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<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 26 June 2015</p>	<p>It is recommended that the expiry dates on all emergency medications and emergency equipment are checked monthly and if required replaced.</p> <p>The records confirming that the checks have been completed should be signed and dated each month by the person undertaking the checks.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 12.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 26 July 2015</p>	<p>It is recommended that policies and procedures for the management of medical emergencies should be developed to include the medical emergencies outlined in best practice guidance. The procedures should outline the arrangements in the practice and state the location and accessibility of the AED in the event of an emergency.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 26 June 2015</p>	<p>It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 26 June 2015</p>	<p>It is recommended that emergency equipment should include a self-inflating bag with reservoir suitable for a child and oropharyngeal airways in sizes 0,1,2,3,4, as stated in Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013).</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p>

<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 26 July 2015</p>	<p>It is recommended that a recruitment and selection policy and procedures are developed to reflect best practice guidance to include;</p> <ul style="list-style-type: none"> <li>• the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; references; employment history; Access NI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p>
<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 26 May 2015</p>	<p>It is recommended that staff personnel files for newly recruited staff should include the information as indicated in regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005. The following information should be retained;</p> <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph;</li> <li>• evidence that an enhanced AccessNI check was received prior to commencement of employment;</li> <li>• two written references;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• documentary evidence of qualifications, where applicable;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties; and</li> <li>• evidence of professional indemnity insurance, where applicable.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p>
<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 26 July 2015</p>	<p>It is recommended that staff currently employed in the practice are provided with a contract of employment/agreement and a job description relevant to the role and responsibilities they hold within the dental practice.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p>

<b>Recommendation 10</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time  <b>To be Completed by:</b> 26 June 2015	It is recommended that a staff register should be developed and retained, to include name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>	
<b>Registered Manager Completing QIP</b>		<b>Date Completed</b>	
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

*\*Please ensure the QIP is completed in full and returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) from the authorised email address\**