



The **Regulation** and  
**Quality Improvement**  
Authority

**Crumlin Road Dental Surgery**  
RQIA ID: 11474  
838-840 Crumlin Road  
Belfast  
BT14 8AE

**Inspector: Emily Campbell**  
**Inspection ID: IN021393**

**Tel: 028 9071 4477**

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**Announced Care Inspection  
of  
Crumlin Road Dental Surgery**

**03 June 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 3 June 2015 from 9.55 to 14.35. It was planned that the themes for the 2015/16 year; medical and other emergencies, and recruitment and selection would be reviewed during this inspection. However, the focus of the inspection was changed, during the inspection, to assessment of the progress with the issues raised during the previous inspection due to the volume of the issues previously identified.

Overall on the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care is safe and effective. These areas 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 Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 8 July 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

A follow-up inspection will be undertaken to review the actions taken by the registered persons to address the matters identified during this inspection. The follow-up inspection will also incorporate the themes for the 2015/16 inspection year.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	5	4

The details of the QIP within this report were discussed with Miss Linda McVey, registered manager, 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> Dental World Ltd Mr Robert A McMitchell	<b>Registered Manager:</b> Miss Linda McVey
<b>Person in Charge of the Practice at the Time of Inspection:</b> Miss Linda McVey	<b>Date Manager Registered:</b> 13 March 2014
<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.

It was planned that the themes for the 2015/16 year; medical and other emergencies, and recruitment and selection would be reviewed during this inspection. However, the focus of the inspection was changed, during the inspection, to assessment of the progress with the issues raised during the previous inspection due to the volume of the issues previously identified. The themes for the 2015/16 year will be reviewed during the follow-up inspection.

In addition the inspection sought to determine the progress in relation to an application of variation to the registration of the practice which was submitted to RQIA in relation to an extension of the premises and to increase the number of registered dental chairs from three to four. Mr Gavin Doherty, estates inspection also attended the practice on the same day; the report of the estates inspection will be issued under separate cover.

## 4. Methods/Process

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

- Discussion with Miss McVey, Registered Manager;
- Discussion with two trainee dental nurses;
- Examination of relevant records;
- Observations during a tour of the premises; and
- Evaluation and feedback

## 5. The Inspection

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

The previous inspection of the practice was an announced care inspection dated 08 July 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection Dated 08 July 2014

Last Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</p>	<p>A system should be established to download the information from the data-logger for the washer disinfectant on a regular basis. This should be carried out at least on a monthly basis to ensure that the data-logger is operating correctly. Records should be retained for at least two years.</p>	<p><b>Not Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Miss McVey advised that there have been issues with downloading the information from the washer disinfectant datalogger to the practice's main computer. Review of the downloaded information evidenced that the information format was unreadable. Miss McVey confirmed that the software company were actively trying to address this.</p> <p>This requirement has not been addressed and has been stated for the second time.</p>	
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 18 (2) (a)</p> <p><b>Stated:</b> Second time</p>	<p>Training must be provided for staff in relation to decontamination and infection control.</p> <p>Confirmation should be provided that this training has been provided and undertaken by relevant staff on submission of the quality improvement plan (QIP).</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> The submitted QIP identified that training had been arranged for September and October 2014. Miss McVey had previously informed RQIA that there had been a delay in the provision of training due to staff leave over the summer months. This was accepted as being reasonable by RQIA. Review of training records confirmed that training had been provided to staff by an external provider as arranged by the practice.</p> <p>However, some issues identified during this inspection raised concerns that the training provided had not been fully embedded into practice.</p>	

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 25 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>The walls and ceiling of the decontamination room should be painted.</p> <p>The wooden door and door frame must also be varnished/painted.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Observation of the decontamination room environment evidenced that this requirement has been addressed.</p> <p>However, it was observed that a wooden plinth had been placed beneath the bench top washer disinfectant. Miss McVey advised that this was because of previous issues with water leaking from the washer disinfectant. The wood had exposed areas and had become swollen in areas due to moisture. This is not in keeping with good infection control and a recommendation was made that the wooden plinth should be removed.</p>	<p><b>Met</b></p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 25 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>A temporary seal should be applied over the torn areas on the floor covering of the identified surgery until such times as the surgery is completely refurbished.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Observations made confirmed that a temporary seal had been applied over the torn flooring of the identified surgery. This surgery is no longer in use and Miss McVey confirmed that it would not be used until such time as the surgery refurbishment is completed.</p>	<p><b>Met</b></p>

<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 18 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>Establish a system for the provision of safeguarding children and vulnerable adults training for all staff in line with the Minimum Standards for Dental Care and Treatment 2011.</p> <p>The inspector should be kept informed regarding the provision of this training.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of training records confirmed that safeguarding training had been provided in respect of children and vulnerable adults. Miss McVey confirmed that update safeguarding training would be provided in line with the Minimum Standards for Dental Care and Treatment 2011. Miss McVey and one staff member have yet to complete their training in safeguarding children and a recommendation was made in this regard.</p>	<p><b>Met</b></p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 17 (1) (3)</p> <p><b>Stated:</b> First time</p>	<p>Formal patient consultation should be undertaken at least on an annual basis and results of the consultation made available to patients.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with Miss McVey confirmed that a proactive approach has not been taken in relation to patient consultation. Patient satisfaction questionnaires have been developed and currently these are left at reception for patients to complete if they wish. Miss McVey confirmed that there had been an insufficient response to facilitate the compilation of results and provision of a summary report. It was agreed during this inspection that all patients who attend the practice during three specific days within the next week would be actively provided with a questionnaire to complete. This information is then to be collated and a summary report of the findings provided. The summary report is to be made available to patients.</p> <p>This requirement has not been addressed and has been stated for the second time.</p>	<p><b>Not Met</b></p>

<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 15 (1) (2)</p> <p><b>Stated:</b> First time</p>	<p>In relation to radiology and radiation protection, the following should be addressed:</p> <ul style="list-style-type: none"> <li>• The radiation protection advisor (RPA) report only relates to one x-ray unit in a ground floor surgery. The RPA reports for the x-ray units in the other two surgeries and the orthopan tomogram (OPG) machine should be provided and any recommendations made by the RPA should be actioned.</li> <li>• Documentary evidence should be retained in the radiation protection file confirming the appointment of the RPA.</li> <li>• A record should be retained in the radiation protection file of the duty holders in the practice.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of the radiation protection file and discussion with Miss McVey confirmed the following:</p> <ul style="list-style-type: none"> <li>• RPA reports for the x-ray units in the two identified surgeries and the OPG machine have not been provided, however, the critical examination reports, by the authorised engineer, were available which included recommendations. Miss McVey confirmed that recommendations made had been actioned and that she had updated the local rules. It was observed that the local rules had been amended to include pertinent recommendations.</li> <li>• Documentary evidence was retained confirming the appointment of the RPA.</li> <li>• The entitlement records of duty holders were incomplete.</li> </ul> <p>It was of concern that an associate dentist, who commenced work in the practice approximately one year ago, had not been entitled or authorised by the radiation protection supervisor (RPS) as a duty holder and the local rules had only been signed by the RPS and two dental nursing staff. It is also of concern that it was Miss McVey as opposed to the RPS who updated the local rules.</p> <p>This matter was discussed in detail with Miss McVey. As a result of the findings of this inspection it is evident that the RPS identified in this practice is</p>	<p><b>Partially Met</b></p>
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in name only and is not fulfilling their legal responsibilities.

The lack of governance arrangements in relation to radiology and radiation safety are concerning.

This requirement has been partially addressed and the unaddressed aspect has been subsumed into a new requirement.

A requirement was made to ensure that the RPS is aware of their legal obligation in respect of radiology and radiation protection in the practice. A complete review of the radiation protection file should be undertaken by the RPS and governance arrangements established to ensure it is kept under review.



Last Inspection Recommendations	Validation of Compliance	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>The expiry date should be identified on all wrapped processed instruments.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  A large number of wrapped processed instruments identified dates which had passed. Discussion with two trainee dental nurses confirmed that some staff are recording the date of processing and some staff are recording the date of expiry. As there is no consistent approach taken it was not possible to identify if the date was the processing or expiry date. Some instruments were dated 2013 which evidenced that there is not a robust system in place to ensure that processed instruments are reprocessed when they exceed their expiry.</p> <p>It was confirmed during discussion with a recently recruited trainee dental nurse that they were unaware that the expiry date should be recorded. This questions the standard and quality of induction training provided in relation to the decontamination of dental instruments.</p> <p>These concerns were discussed with Miss McVey</p> <p>This recommendation has not been addressed and a requirement was made that:</p> <ul style="list-style-type: none"> <li>• all wrapped instruments should be reprocessed and the expiry date recorded on the packaging;</li> <li>• a robust system should be introduced to ensure that wrapped instruments are reprocessed on expiry;</li> <li>• the date of expiry should be recorded on all wrapped processed instruments in future.</li> </ul>	<p><b>Not Met</b></p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>Disposable glove holders should be installed in the decontamination room.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Observations made confirmed that this recommendation has been addressed.</p>	<p><b>Met</b></p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Second time</p>	<p>Review the practice of steeping instruments in a separate container in the surgery area prior to transfer to the transport container for decontamination. Consideration should be given to the risk to staff of sharps injury through the additional handling of instruments.</p> <p>The inspector suggested that this should be discussed with the training provider at the upcoming training so that it can help with the decision making process. The inspector also suggested that given the hands on approach the dentist takes in relation to decontamination it would be useful for the dentist to also attend the training.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with two trainee dental nurses confirmed that this practice has ceased.</p> <p>However, one trainee dental nurse confirmed that she manually cleans/rinses instruments in the surgery prior to placing them in the transport container. Discussion with the other trainee dental nurse recently recruited confirmed that she manually cleans instruments in the decontamination room prior to processing instruments through the washer disinfectant. The trainee dental nurse confirmed that this was the instruction provided to her on induction. Manual cleaning of instruments should only be undertaken in the event of the washer disinfectant being unavailable or if instruments are heavily soiled to minimise the risk of sharps injury. It was concerning to note that the induction of this newly recruited staff member did not reflect the practice's decontamination policy and good practice guidance.</p> <p>Due to the issues identified during this inspection, a requirement was made that:</p> <ul style="list-style-type: none"> <li>• The registered persons must ensure that all relevant staff adhere to the correct decontamination process as outlined in infection prevention and control and decontamination policies and procedures and best practice guidance.</li> <li>• The registered persons must develop tools to assess staff's competence in relation to infection prevention and control and</li> </ul>	<p><b>Met</b></p>
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decontamination. An appropriate person competent in the area of infection prevention and control within the organisation will be required to implement and oversee these arrangements until such time as staff are deemed competent.

- The decontamination of dental instruments should only be undertaken in the decontamination room and the practice of manually cleaning instruments in surgery must cease with immediate effect.

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Ensure that templates of periodic tests for decontamination equipment are available for staff to complete the relevant equipment periodic tests.</p> <p>Staff should be made aware of the importance of undertaking and recording periodic tests on a daily basis and to actively seek out additional test recording sheets if required.</p> <p><b>Action taken as confirmed during the inspection:</b> Trainee dental nurses spoken with confirmed that periodic test templates are readily available. Review of equipment logbooks evidenced that the appropriate periodic tests are undertaken and recorded.</p> <p>The dental instruments from Glen Dental Practice are also decontaminated in this practice. Currently there is one washer disinfector and one statim steriliser in use and Miss McVey and staff confirmed that this was sufficient to meet the decontamination needs for both practices. Review of process logs evidenced a clear distinction of the decontamination cycles of instruments for each practice. This is good practice.</p> <p>The statim steriliser normally in use was away for repair and review of records evidenced that the steriliser currently in use had been appropriately validated. However, the steriliser logbook did not reflect the change in the steriliser and the periodic test records in use identified the serial number of the steriliser which was away for repair. Whilst a record of faults was retained in the fault log, the episode of when the usual steriliser had broken and was sent for repair had not been included.</p> <p>A detailed engineer report was available in respect of the washer disinfector, however this did not confirm that it had been validated to HTM 01-05.</p> <p>A recommendation was made that when temporary decontamination equipment is used, a separate logbook should be established for that piece of equipment and all faults should be recorded in the fault log. In addition a copy of the validation certificate in respect of the washer disinfector should be obtained.</p>	<p><b>Met</b></p>
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<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Check with the manufacturer's instruction to determine if a monthly soil test is required for the washer disinfectant and undertake and record same in the logbook if appropriate.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Miss McVey confirmed that a monthly soil test is now undertaken in respect of the washer disinfectant and review of the logbook evidenced this.</p>		
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Second time</p>	<p>A copy of the 2013 edition of HTM 01-05 and PEL (13) 13 should be made available to staff in the practice.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> A copy of the 2013 edition of HTM 01-05 and PEL (13) 13 was retained in the practice and Miss McVey confirmed this was available to staff.</p>		

<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Second time</p>	<p>A written policy and procedure should be developed to reflect the decontamination arrangements for dental instruments from the Glen Dental Practice.</p> <p>The following additional information should be included:</p> <ul style="list-style-type: none"> <li>• Details regarding the labelling of instrument transport containers to identify if they are used for clean or dirty instruments</li> <li>• Information regarding the transport boxes which are used to place the transport containers into for transfer between practices</li> <li>• Arrangements for the transport of instruments including the method of transport, timescales and persons undertaking these duties</li> <li>• The storage locations for dirty instruments in Glen Dental Practice, waiting for collection and transfer to Crumlin Road Dental Surgery and for clean instruments on return to Glen Dental Practice from Crumlin Road Dental Surgery</li> <li>• The storage locations for clean instruments in Glen Dental Practice, following transfer from Crumlin Road Dental Surgery and for dirty instruments following transfer from Glen Dental Practice to Crumlin Road Dental Surgery.</li> </ul>	<p><b>Not Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A written policy and procedure of the decontamination arrangements for dental instruments from the Glen Dental Practice had been developed, however, this lacked detail in relation to the matters identified.</p> <p>This recommendation has not been addressed and is now stated for a third time.</p>		

<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Second time</p>	<p>A dental nurse with responsibility for infection prevention and control and decontamination should be identified.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  No specific person has been identified in the practice with responsibility for infection prevention and control and decontamination. Miss McVey advised that an identified trainee dental nurse would tend to be the lead in this regard. However, discussion with this trainee dental nurse and another trainee dental nurse during this inspection raised concerns regarding the competency of staff in relation to the decontamination of dental instruments.</p> <p>This recommendation has not been met and has been incorporated into a requirement relating to staff competency and governance arrangements as discussed previously.</p> <p>Miss McVey confirmed that, with the exception of the recently recruited trainee dental nurse, all clinical staff attended training provided by NIMDTA on 18 October 2014 and review of training records confirmed this. It was discussed with Miss McVey that attendance at training alone is not sufficient to deem a person competent and the importance of developing tools to assess competence was discussed.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Third time</p>	<p>The dental nurse nominated with responsibility for infection prevention and control and decontamination in the practice should be provided with relevant training to ensure they have a clear understanding of their individual role and responsibilities as outlined in HTM 01-05.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  As discussed above, no specific person has been identified in the practice with responsibility for infection prevention and control and decontamination and therefore this recommendation has not been addressed. It is considered that emphasis should be placed on ensuring staff competency initially, following which an identified lead can be identified. As discussed previously, a requirement was made regarding staff competency.</p>	<p><b>Not Met</b></p>

<p><b>Recommendation 10</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>The following policies/procedures should be developed or further developed:</p> <ul style="list-style-type: none"> <li>• The procedure to ensure that staff are dealt with in accordance national guidance in the event of blood-borne virus exposure.</li> <li>• A policy and procedure for cleaning and maintaining the environment</li> <li>• A hand hygiene policy and procedure</li> <li>• A procedure for the use maintenance and repair of all medical devices</li> <li>• A policy and procedure for the management and disposal of waste.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that this recommendation has been addressed.</p>	<p><b>Met</b></p>
<p><b>Recommendation 11</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Records should be retained to evidence the Hepatitis B immunisation status of all clinical staff.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that this recommendation has been addressed.</p>	<p><b>Met</b></p>
<p><b>Recommendation 12</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>The pull cord in the ground floor toilet should be replaced and maintained clean.</p> <p><b>Action taken as confirmed during the inspection:</b> Observations made evidenced that this recommendation has been addressed.</p>	<p><b>Met</b></p>
<p><b>Recommendation 13</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Seal/paint the exposed wood at the base of the staircase on the ground floor.</p> <p><b>Action taken as confirmed during the inspection:</b> Observations made evidenced that this recommendation has been addressed.</p>	<p><b>Met</b></p>



<b>Recommendation 14</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	The walls in the identified ground floor surgery should be cleaned/repainted and maintained clean until such time as the surgery is refurbished.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> Observations made evidenced that this recommendation has been addressed.		
<b>Recommendation 15</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	Ensure that personal protective equipment (PPE) is provided in sufficient quantity to meet the needs of the practice and staff.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> The trainee dental nurses spoken with confirmed that PPE supplies were readily available.		

The issues identified in relation to infection prevention and control and decontamination, and radiology and radiation protection were discussed with senior management following the inspection. Consideration was given to inviting the registered persons to a serious concerns meeting. However, it was agreed that the practice should be given time to improve and compliance will be reviewed at a follow up inspection. The themes for the 2015/16 year; medical and other emergencies, and recruitment and selection will also be reviewed during the follow-up inspection.

### 5.3 Additional Areas Examined

#### 5.3.1. Application of Variation

An application to vary the registration was submitted to RQIA on 18 July 2014 in relation to an extension to the premises and to increase the number of registered dental chairs from three to four. Mr Gavin Doherty, estates inspection also attended the practice on the same day; the report of the estates inspection will be issued under separate cover.

Miss McVey confirmed that works within the practice are not yet completed and will inform RQIA when they are ready for the fourth dental chair to be registered, at which time an inspection will be undertaken to assess the readiness of the practice for the increased number of dental chairs. Observations made during a tour of the premises identified that considerable refurbishment has been carried out since the previous inspection.

The fourth surgery has had an intra-oral x-ray unit installed and Miss McVey is aware of the need to have a critical examination carried out by the RPA and the radiology protection file and local rules updated in this regard. The dental chair covering has two small tears and arrangements are being made to have this recovered. Flooring is covered at the edges and Miss McVey will arrange for it to be sealed where cabinetry meets the flooring.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Linda McVey, registered manager, 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 may enhance service, quality and delivery.

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

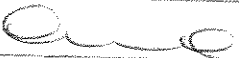

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned 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/manager 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/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b>  Ref: Regulation 15 (2) <b>Stated: Second time</b> <b>To be Completed by:</b> <b>3 July 2015</b>	<p>A system should be established to download the information from the data-logger for the washer disinfectors on a regular basis. This should be carried out at least on a monthly basis to ensure that the data-logger is operating correctly. Records should be retained for at least two years.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  <i>UPDATE COMPLETED, WORKING - DOWNLOADING ON A WEEKLY BASIS.</i></p>
<b>Requirement 2</b>  Ref: Regulation 15 (3) <b>Stated: First time</b>  <b>To be Completed by:</b> <b>5 June 2015</b>	<p>The registered persons must ensure that:</p> <ul style="list-style-type: none"> <li>• all wrapped instruments should be reprocessed and the expiry date recorded on the packaging</li> <li>• a robust system should be introduced to ensure that wrapped instruments are reprocessed on expiry</li> <li>• the date of expiry should be recorded on all wrapped processed instruments in future.</li> </ul> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  <i>NEW SYSTEM IN PLACE</i></p>
<b>Requirement 3</b>  Ref: Regulation 15 (3) <b>Stated: First time</b>  <b>To be Completed by:</b> <b>10 June 2015</b>	<p>The registered persons must ensure that all relevant staff adhere to the correct decontamination process as outlined in infection control and decontamination policies and procedures and best practice guidance.</p> <p>The registered persons must develop tools to assess staff's competence in relation to infection prevention and control and decontamination. An appropriate person competent in the area of infection control within the organisation will be required to implement and oversee these arrangements until such time as staff are deemed competent.</p> <p>The decontamination of dental instruments should only be undertaken in the decontamination room and the practice of manually cleaning instruments in surgery must cease with immediate effect.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  <i>SPEAKING TO GAVE FURTHER FOR PROXIMATE ADDITIONAL TRAINING - ALSO IN HOUSE TRG @ STAFF MOTIVATED</i></p>
<b>Requirement 4</b>  Ref: Regulation 15 (1) <b>Stated: First time</b>	<p>The registered persons must ensure that the radiation protection supervisor (RPS) is aware of their legal obligation in respect of radiology and radiation protection in the practice.</p> <p>A complete review of the radiation protection file should be undertaken</p>

<p>To be Completed by: 3 August 2015</p>	<p>by the RPS and governance arrangements established to ensure it is kept under review.</p> <p>Response by Registered Manager Detailing the Actions Taken: <i>FILE REVIEWS, REMINDERS SET ON COMPUTER</i></p>
<p>Requirement 5 Ref: Regulation 17 (1) (3) Stated: Second time To be Completed by: 3 July 2015</p>	<p>Formal patient consultation should be undertaken at least on an annual basis and results of the consultation made available to patients.</p> <p>Response by Registered Manager Detailing the Actions Taken: <i>MAKING JUNE THE MONTH FOR CONSULTS OUT IN ALL PRACTICES MRS FERGUSON IS GOING TO COORDINATE</i></p>
<b>Recommendations</b>	
<p>Recommendation 1 Ref: Standard 13 Stated: First time To be Completed by: 10 June 2015</p>	<p>It is recommended that the wooded plinth below the washer disinfecter should be removed.</p> <p>Response by Registered Manager Detailing the Actions Taken: <i>REMOVED - COMPLETED</i></p>
<p>Recommendation 2 Ref: Standard 13 Stated: First time To be Completed by: 10 June 2015</p>	<p>It is recommended that when temporary decontamination equipment is used, a separate logbook should be established for that piece of equipment and all faults should be recorded in the fault log.</p> <p>In addition a copy of the validation certificate in respect of the washer disinfecter should be obtained.</p> <p>Response by Registered Manager Detailing the Actions Taken: <i>DONE - SEPARATE LOG BOOK</i></p>
<p>Recommendation 3 Ref: Standard 13 Stated: Third time To be Completed by: 3 August 2015</p>	<p>A written policy and procedure should be developed to reflect the decontamination arrangements for dental instruments from the Glen Dental Practice.</p> <p>The following additional information should be included:</p> <ul style="list-style-type: none"> <li>• Details regarding the labelling of instrument transport containers to identify if they are used for clean or dirty instruments</li> <li>• Information regarding the transport boxes which are used to place the transport containers into for transfer between practices</li> <li>• Arrangements for the transport of instruments including the method of transport, timescales and persons undertaking these duties</li> <li>• The storage locations for dirty instruments in Glen Dental Practice, waiting for collection and transfer to Crumlin Road Dental Surgery and for clean instruments on return to Glen Dental Practice from Crumlin Road Dental Surgery</li> <li>• The storage locations for clean instruments in Glen Dental</li> </ul>

	<p>Practice, following transfer from Crumlin Road Dental Surgery and for dirty instruments following transfer from Glen Dental Practice to Crumlin Road Dental Surgery.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  <i>DONE - full set of envelopes need to get Mrs Ferguson to check.</i></p>
<p><b>Recommendation 4</b>  Ref: Standard 15  Stated: First time  To be Completed by:  3 September 2015</p>	<p>It is recommended that safeguarding children training should be undertaken by Miss McVey and the identified staff member.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  <i>DONE. Linda McVey Dr John Buzza Completed.</i></p>

Registered Manager Completing QIP		Date Completed	15/7/15
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	E. Cagell	Date Approved	20/7/15

*\*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\**

Please provide any additional comments or observations you may wish to make below: