Failure to Comply Notice Announced Compliance Inspection

Name of Establishment:	**Lisburn Dental Surgery**
Establishment ID No:	**11475**
Date of Inspection:	**8 April 2014**
Inspectors' Names:	**Lynn Long & Emily Campbell**
Inspection No:	**18057**

The Regulation and Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of establishment:	Lisburn Dental Surgery
Address:	46 Longstone Street Lisburn BT28 1TP
Telephone number:	028 9263 4444
Registered organisation / Responsible Individual:	Dental World Limited Mr Robert McMitchell
Registered manager:	Miss Jessica Larmour
Person in charge of the establishment at the time of Inspection:	Miss Jessica Larmour
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	2
Date and type of previous inspection:	Failure to Comply Notice - Announced Compliance Inspection 10 March 2014
Date and time of inspection:	8 April 2014 10.10am – 11.30am
Name of inspectors:	Lynn Long Emily Campbell

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect dental practices providing private dental care and treatment. A minimum of one inspection per year is required. The service is also inspected to determine compliance with the requirements of the Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Standards for Dental Care and Treatment March 2005.

This is a report of the announced inspection to assess the compliance against a failure to comply notice. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of the inspection was to ascertain the progress made to address the actions outlined in the Failure to Comply Notice issued on 6 January 2014.

The breach of legislation identified in the Failure to Comply Notice was as follows:

The Independent Health Care Regulations (Northern Ireland) 2005

Regulation 15 (3) – Where reusable medical devices are used in an establishment or agency, the registered person shall ensure that appropriate procedures are implemented in relation to cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of such devices.

4.0 Inspection Focus

This announced compliance inspection was undertaken to Lisburn Dental Surgery as it had been identified during a previous inspection on 18 December 2013 that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05 (2013) edition and PEL (13) 13, which replaced PEL (12) 23 had not been made. Subsequent to this a Failure to Comply Notice was issued on 6 January 2014 in this regard.

During an announced compliance inspection to Lisburn Dental Surgery on 10 March 2014 full compliance had not been achieved and the Failure to Comply Notice was subsequently extended to 8 April 2014.

This inspection was undertaken to establish the progress made towards compliance with the Failure to Comply Notice.

5.0 Methods/Process

- Review of the actions taken to comply with the failure to comply notice;
- Discussion with Miss Jessica Larmour, registered manager;
- Examination of relevant records;
- Consultation with dentist and dental nurse;
- Tour of the premises; and
- Evaluation and feedback.

Any other information received by RQIA about this practice has also been considered by the inspector in preparing for this inspection.

6.0 DHSSPS Policy Position and Northern Ireland Amendment

Dental practices in Northern Ireland were directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, decontamination in primary care dental practices, along with Northern Ireland amendments as noted in the Professional Estates Letter (PEL) (10) 04, should be fully implemented by **November 2012**. PEL (10) 04 was replaced by PEL (12) 23 on 21 December 2012.

HTM 01-05 was updated in 2013 and this was forwarded to Primary Care Dental Practices through the issue of Professional Estates Letter (PEL) (13) 13 on 1 October 2013. The PEL (13) 13 advised General Dental Practitioners of the publication of the 2013 version of HTM 01-05 and the specific policy amendments to the guidance that apply in Northern Ireland.

7.0 Summary

This announced compliance inspection to Lisburn Dental Surgery was undertaken to establish the progress made towards compliance with the Notice of Failure to Comply which had been issued to Mr McMitchell, responsible individual, in respect of Lisburn Dental Surgery on 6 January 2014. A previous compliance inspection had been undertaken to the practice on 10 March 2014. However, compliance had not been achieved at this time and the Notice of Failure to Comply was subsequently extended to 8 April 2014.

The announced compliance inspection was undertaken by Emily Campbell and Lynn Long on 8 April 2014 between the hours of 10.10am and 11.30am. Miss Jessica Larmour, registered manager, was available throughout the inspection and was provided with verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspectors also met with a dental nurse and a dentist, discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

The breach of legislation identified in the Notice of Failure to Comply was as follows:

The Independent Health Care Regulations (Northern Ireland) 2005

Regulation 15 (3) – Where reusable medical devices are used in an establishment or agency, the registered person shall ensure that appropriate procedures are implemented in relation to cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of such devices.

Review of documentation, discussion with Miss Larmour and staff, and observations made evidenced that the necessary actions have not been taken to comply with the Failure to Comply Notice.

A dedicated fully functioning decontamination room has not yet been established, however, the practice is in the process of refurbishing a room which will be dedicated to the decontamination of reusable dental instruments. Review of the decontamination room confirmed that the layout will be in keeping with HTM 01-05 when completed.

A washer disinfector has not been implemented within the decontamination process. A washer disinfector is in situ in the decontamination room, however, this has not been fully installed, validated or made operational. Miss Larmour informed the inspectors that it is intended that the washer disinfector will be validated on 10 April 2014, providing the necessary plumbing work is completed. There are

no attachments provided for the processing of dental handpieces through the washer disinfector. This should be addressed.

Reusable dental instruments are not appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05. Despite previous arrangements having been made to manually clean dental instruments in the unused dental surgery, as an interim measure, the inspectors were informed that manual cleaning of reusable dental instruments has resorted back to being undertaken in the operational surgery. Processed instruments are stored in the decontamination room. However, wrapped instruments are not dated with an expiry date and there was no indication of when unwrapped instruments need to be reprocessed.

Copies of a new and old manual cleaning procedure were provided, neither of which incorporated all aspects of manual cleaning in accordance with HTM 01-05. During the inspection, Miss Larmour incorporated the standard procedure as detailed in HTM 01-05 into the policy manual.

Miss Larmour informed the inspectors that the steriliser had been validated, however, there was no documentary evidence available to confirm this. A logbook had not been established for the steriliser containing all the relevant details as outlined in HTM 01-05 and the details of periodic testing records were not of an acceptable standard. The steriliser had a printer facility attached for the recording of the cycle parameters of each cycle of the steriliser, however, staff confirmed that it is not working. The dental nurse advised that the printer facility has never worked since he commenced work in the practice.

The matter of staff training is of serious concern. Miss Larmour advised that in-house training in the decontamination of dental instruments had been provided to staff. However, given the issues identified during this inspection and at previous inspections, it is the opinion of the inspectors that the training provided has not been sufficient to meet the needs of this practice. Miss Larmour was in agreement with this. Miss Larmour confirmed that she had been trying to source staff training. The inspectors re-iterated the need and importance of ensuring staff are suitably trained. The lack of training is concerning and must be addressed.

Following the inspection, this matter was reported to senior management in RQIA, following which a decision was taken to hold an intention meeting to issue a Notice of Proposal. Mr McMitchell was invited to attend a meeting at RQIA on 14 April 2014. Mr McMitchell informed RQIA that he was unable to attend this meeting and subsequently the meeting was rescheduled for 17 April 2014. Mr McMitchell again informed RQIA that he was unable to attend this

meeting and the meeting was again rescheduled and took place on 18 April 2014.

During the intention meeting Mr McMitchell confirmed that, progress in relation to the issues outlined in the Notice of Failure to Comply, has been made. Mr McMitchell provided assurance that a fully functioning decontamination room has been established at the dental practice and that staff training has been planned for 30 May 2014.

RQIA have taken an overview of inspection activity, together with the information provided by Mr McMitchell at the meeting on 18 April 2014. Whilst progress has been made to establish and equip a decontamination room, the proficiency and competence of staff is not assured. As a result of insufficient progress in relation to staff training RQIA have concerns that staff employed do not have the required knowledge and skills to ensure that the decontamination of reusable dental instruments is being undertaken as outlined in HTM 01-05 and subsequently a Notice of Proposal to impose the following condition to the registration of Lisburn Dental Surgery was issued:

A dental nurse proficient in the area of infection prevention and control and decontamination must be on site at all times whilst dental treatment is being provided at Lisburn Dental Surgery. The proficient dental nurse must continue to be on site until such times as the relevant staff are trained and deemed competent.

A storage cabinet, located in the patient toilet, was observed unlocked. It contained old patient records and household cleaning products. The inspectors requested that these items be removed. Miss Larmour confirmed that this had been addressed prior to the conclusion of the inspection. Requirements in relation to the storage of household cleaning products and the storage of records were made.

The inspectors also observed that the plant room which houses the compressor and relative anaesthesia (RA) gases was cluttered and untidy. The room was being used to store old patient records and cardboard. Storage of records and cardboard in the plant room is inappropriate and represents a fire hazard in this high risk area of the practice. This issue was discussed with Miss Larmour and a requirement has been made.

A number of requirements, not relating to the matters outlined in the Notice of Failure to Comply, were identified during the inspection on 10 March 2014. These issues were not reviewed as part of this Failure to Comply Notice - announced compliance inspection. However, Mr McMitchell and Miss Larmour are aware that they must continue to address these issues and the requirements are carried forward as part of the Quality Improvement Plan for review during the next inspection.

The inspectors wish to thank Miss Larmour and staff for their assistance and cooperation throughout the inspection process.

8.0 Inspection Findings of Action Required to Comply with Regulations:

A dedicated decontamination room must be completed, fully equipped and operational to ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05. This includes the following:

The establishment of a fully functioning dedicated decontamination room separate from patient treatment areas. The layout of the room should be in keeping with best practice as outlined in HTM 01-05 (2013 edition and PEL(13) 13, which replaced PEL (12) 23).

The practice is in the process of refurbishing a room which will be dedicated to the decontamination of dental instruments. The refurbishment works have not yet been completed and the room is therefore not fully functioning.

The wall tiles in the room have been removed and the walls have been plastered, the walls still require to be painted. New flooring has been laid which is coved where it meets the walls.

Cabinetry and worktops have been installed and Miss Larmour confirmed that cabinetry would be sealed where it meets the flooring when the kick boards are installed. The worktop edge at the door to the plant room needs to be sealed.

A hand wash basin, two sinks for manual cleaning and a washer disinfector are in situ, however, the associated plumbing pipework has not been installed and there are no taps on the sinks.

Review of the decontamination room confirmed that the layout will be in keeping with HTM 01-05 when completed. A dirty to clean flow will be in place and there is sufficient space for dirty and clean set down areas. However, the inspectors observed a number of items of storage in the dirty set down area. Given that this space is limited in size it is not appropriate for items to be stored on the work surface. This was discussed with Miss Larmour who agreed to address the matter. The inspectors discussed the benefits of a wall mounted personal protective equipment station for the storage of items. An illuminated magnification device is in place for the inspection of instruments after processing through the washer disinfector. A shelf has been installed above the statim steriliser for the packaging of processed instruments. The space available for sterilisers and packaging post sterilisation will need to be reviewed in terms of capacity if the second surgery becomes operational.

The outer covering in the top and sides of the statim steriliser has flaked off. This needs to be re-skimmed in the interest of infection prevention and

control.

Provision and implementation of an automated validated washer disinfector within the decontamination process.

A washer disinfector has not been implemented within the decontamination process.

A washer disinfector is in situ in the decontamination room; however, this has not been installed, validated or made operational. Staff training on its use should be provided prior to it being made operational. The inspectors observed that there are no attachments provided for the processing of dental handpieces through the washer disinfector. This should be addressed and a requirement has been made.

Miss Larmour advised that it is intended that the washer disinfector will be validated on 10 April 2014, providing the necessary plumbing work is completed.

The inspectors were provided with a certificate of calibration to HTM 01-05 dated 14 March 2014, in respect of the washer disinfector. However, the serial number of the washer disinfector did not match the serial number of the washer disinfector identified in the calibration certificate. Miss Larmour advised that Mr McMitchell had purchased a number of reconditioned washer disinfectors for the Dental World Limited Group. Careful attention is required to ensure that all associated paperwork such as calibration tests, validation reports and logbooks are specific to the individual pieces of equipment in each establishment, through the checking of equipment serial numbers.

Ensure all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.

Reusable dental instruments are not appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.

A washer disinfector has not been implemented within the decontamination process and instruments are still manually cleaned. Despite previous arrangements having been made to manually clean dental instruments in the unused dental surgery, as an interim measure, the inspectors were informed that manual cleaning of reusable dental instruments has resorted back to being undertaken in the operational surgery.

Processed instruments are stored in the decontamination room. However, wrapped instruments are not dated with an expiry date and there was no indication of when unwrapped instruments needed to be reprocessed.

The management of processed instruments within the practice is of concern

and should be addressed as a matter of urgency, addressing in the first instance matters that are not reliant on the establishment of a decontamination room.

Review the current process for the manual cleaning of dental instruments to address the issues identified which do not meet with best practice. Develop a new manual cleaning procedure as outlined in HTM 01-05.

During the previous inspection a number of concerning issues were identified regarding the arrangements for the decontamination of reusable dental instruments. As an interim measure, until a decontamination room was established, the inspectors requested an immediate review of the arrangements. Prior to the conclusion of that inspection the dentist and the dental nurse confirmed that decontamination would take place in the disused surgery until such times as the decontamination room was completed. As discussed previously, despite previous arrangements having been made, manual cleaning of reusable dental instruments has resorted back to being undertaken in the operational surgery.

Copies of a new and old manual cleaning procedure were provided, neither of which incorporated all aspects of manual cleaning in accordance with HTM 01-05. During the inspection, Miss Larmour incorporated the standard procedure as detailed in HTM 01-05 into the policy manual during the inspection.

Ensure that the ultrasonic cleaner is maintained and validated in accordance with HTM 1-05 and that the relevant periodic testing is undertaken and recorded.

Miss Larmour informed the inspectors that the ultrasonic cleaner had been validated. However, records to confirm this were not available for review and confirmation of the validation.

However, following the inspection Miss Larmour confirmed that the ultrasonic cleaner is no longer used within the decontamination process.

Ensure that the steriliser is maintained and validated in accordance with HTM 01-05 and that the relevant periodic testing is undertaken and recorded. A system to record the cycle parameters must also be established.

Miss Larmour informed the inspectors that the steriliser had been validated, however, there was no documentary evidence available to confirm this. This was concerning to note as a requirement had been made during the previous inspection to ensure that all records are available at all times and are retained for inspection in the establishment. The requirement in relation to records has been stated for the second time.

A logbook had not been established for the steriliser containing all the relevant details as outlined in HTM 01-05. Review of the records of periodic testing evidenced that not all of the periodic tests were recorded as required. The details of periodic testing records were not of an acceptable standard.

The steriliser had a printer facility attached for the recording of the cycle parameters of each cycle of the steriliser. However, the inspectors were informed, during the inspection that this was not currently working. The inspectors spoke with the dental nurse who advised that the printer facility has never worked since he commenced work at the practice.

Ensure that machine log books are established for the ultrasonic cleaner and steriliser and contain all the relevant details as outlined in HTM 01-05.

As discussed previously a logbook had not been established for the steriliser containing all the relevant details as outlined in HTM 01-05.

Miss Larmour confirmed that the ultrasonic cleaner is no longer in use.

Ensure that all staff employed in or for the purposes of the practice receive mandatory training in infection prevention and control and decontamination.

Miss Larmour advised that in-house training in the decontamination of dental instruments had been provided to staff. However, given the issues identified during this inspection and at previous inspections, it is the opinion of the inspectors that the training provided has not been sufficient to meet the needs of the practice. Miss Larmour was in agreement with this.

Miss Larmour advised that she could not access a relevant course with NIMDTA until September 2014. On further discussion Miss Larmour advised that a decontamination workshop, provided by NIMDTA, is available in Londonderry on 20 May 2014, but it was her opinion that the Derry venue was not accessible to staff.

The inspectors re-iterated the need and importance of ensuring staff are suitably trained in this practice. The lack of training is concerning and must be addressed.

9.0 Additional issues identified

During a tour of the premises, the inspector observed a storage cabinet located in the patient toilet. The cabinet was unlocked and contained patient records and household cleaning products. It was concerning, in terms of confidentiality, that patient records could potentially be seen by any patient using the toilet facility. The inappropriate storage of household cleaning products represents a breach of COSHH regulations. This matter was also concerning in relation to health and safety of patients and in particular children who had access to them.

The inspectors requested that these items be removed as a matter of urgency. Miss Larmour confirmed that this had been addressed prior to the conclusion of the inspection.

The inspectors also observed that the plant room which houses the compressor and relative anaesthesia (RA) gases was cluttered and untidy. The plant room also contained storage which included some old patient records and cardboard. The storage of records in the plant room is inappropriate and these along with the cardboard represent a fire hazard in this high risk area of the practice.

Requirements were made that:

- Patient records must be appropriately stored and the principles of confidentiality addressed with staff.
- Cleaning products must be stored in keeping with COSHH regulations.
- The plant room should be tidied, patient records removed and appropriately stored and any materials which represent a fire hazard should be removed.

10.0 Inspection outcome

Review of documentation, discussion with Miss Larmour, a dentist and a dental nurse and observations made during the inspection evidenced that the necessary actions have not been taken to comply with the matters outlined in the Failure to Comply Notice.

Following the inspection, the lack of progress in relation to compliance with the Failure to Comply Notice was reported to senior management in RQIA, following which a decision was taken to hold an intention to issue a Notice of Proposal meeting. Mr McMitchell was invited to attend a meeting at RQIA on 14 April 2014. Mr McMitchell informed RQIA that he was unable to attend this meeting and subsequently the meeting was rescheduled for 17 April 2014. Mr McMitchell again informed RQIA that he was unable to attend this meeting and the intention to issue a Notice of Proposal meeting was again rescheduled and took place on 18 April 2014.

During the meeting Mr McMitchell confirmed that, progress in relation to the issues outlined in the Notice of Failure to Comply, has been made. Mr McMitchell provided assurance that a fully functioning decontamination room has now been established at the dental practice and that staff training has been planned for 30 May 2014.

RQIA have taken an overview of inspection activity, together with the information provided by Mr McMitchell at the meeting on 18 April 2014. Whilst progress has been made to establish and equip a decontamination room, the proficiency and competence of staff, in relation to the decontamination process, is not assured.
As a result of insufficient progress in relation to staff training and lack of staff competence demonstrated during recent inspections, RQIA have concerns that staff employed do not have the required knowledge and skills to ensure that the decontamination of reusable dental instruments is being undertaken as outlined in HTM 01-05 and subsequently a Notice of Proposal to impose the following condition to the registration of Lisburn Dental Surgery was issued:

A dental nurse proficient in the area of infection prevention and control and decontamination must be on site at all times whilst dental treatment is being provided at Lisburn Dental Surgery. The proficient dental nurse must continue to be on site until such times as the relevant staff are trained and deemed competent.

11.0 Previous requirements and recommendations

A number of requirements, not relating to those outlined in the Notice of Failure to Comply, were identified during the inspection on 10 March 2014. These issues were not reviewed as part of this Failure to Comply Notice announced compliance inspection. However, Mr McMitchell and Miss Larmour are aware that they must continue to address these issues and the requirements are carried forward as part of the Quality Improvement Plan for review during the next inspection.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Jessica Larmour, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST BT1 3BT

_____ _____

Lynn Long **Date**
Inspector/Quality Reviewer

_____ _____

Emily Campbell **Date**
Inspector/Quality Reviewer

The Regulation and Quality Improvement Authority

Quality Improvement Plan

Failure to Comply Notice Announced Compliance Inspection

Lisburn Dental Surgery

8 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Miss Jessica Larmour either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005 as amended.

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	15 (3)	A dedicated decontamination room must be completed, fully equipped and operational to ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05. This includes the following: The establishment of a fully functioning dedicated decontamination room separate from patient treatment areas. The layout of the room should be in keeping with best practice as outlined in HTM 01-05 (2013 edition and PEL(13) 13, which replaced PEL (12) 23). **Ref: 8.0**	Three	Done.	Immediately and ongoing
2	15(3)	The registered person must ensure that a validated washer disinfector of adequate capacity is installed to remove the need for manual washing dental instruments. **Ref: 8.0**	Three	Done	Immediate and ongoing

3	15(3)	The registered person must ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05. **Ref: 8.0**	Two	Done	Immediate and ongoing
4	15(3)	The registered person must review the current process for the manual cleaning of dental instruments to address the issues identified during this inspection. **Ref: 8.0**	Three	Done	Immediate and ongoing
5	15(2)(b)	The registered person must ensure that relevant periodic testing for the steriliser, in accordance with HTM 01-05, is undertaken and recorded. A system to record the cycle parameters must also be installed. **Ref: 8.0**	Three	Done New Statim printer in use.	Immediate and ongoing
6	15(2)(b)	The registered person must ensure that relevant periodic testing for the steriliser, in accordance with HTM 01-05, is undertaken and recorded. A system to record the cycle parameters must also be installed.	Three	As above	Immediate and ongoing

		Ref: 8.0			
7	18(2)(a)	The registered person must ensure that all staff employed in or for the purposes of the practice receive mandatory training in infection prevention and control and decontamination. Training records which include the date and time of the training, the name and signature of the staff in attendance, the content of the training and the name of the person who delivers the training should be retained. **Ref: 8.0**	Three	Done. Done.	Immediate and ongoing
8	21 (2) (a) (b)	Patient records must be appropriately stored and the principles of confidentiality addressed with staff. **Ref: 10.0**	One	Done	Immediate and ongoing
9	25 (2) (d)	Cleaning products must be stored in keeping with COSHH regulations. **Ref: 10.0**	One	Done	Immediate and ongoing
10	25 (4) (a)	The plant room should be tidied, patient records removed and appropriately stored and any materials which represent a fire hazard should be removed. **Ref: 10.0**	One	In progress	Immediate and ongoing

11	18 (2)(a) -	**Carried forward for review at the next inspection** The registered person must ensure that all staff employed in or for the purposes of the practice participate in a structured induction programme. Documentary evidence must be retained and available for inspection. **Ref: 11.0**	Two	Done	Two months
12	19 (2)(d) Schedule 2	**Carried forward for review at the next inspection** The registered person must ensure that staff currently employed without an AccessNI check are supervised at all times until such times as a satisfactory AccessNI check has been received. Ensure that all staff have the required AccessNI checks prior to commencing employment. **Ref: 11.0**	Two	Done + in place for all new employees.	One month
13	19(2)(d) Schedule 2	**Carried forward for review at the next inspection** The registered person shall not employ a person to work unless they have obtained all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	Two	In place for all new employees	One month

		Records must be retained and available for inspection. **Ref: 11.0**			
14	21 (3) Schedule 3 Part II	**Carried forward for review at the next inspection** The registered provider must ensure that all records specified in Schedule 3 Part II of the legislation are at all times available for inspection in the establishment. **Ref: 11.0**	Two	Done	One month
15	15(6)	**Carried forward for review at the next inspection** The registered person must address the following issues in relation to medications: Review the medications and equipment retained for use in a medical emergency in line with best practice as outlined in the Resuscitation Council (UK) guidance. Review the current arrangements for the storage of medications retained for use in a medical emergency. Ensure all staff employed are aware of where the medications for use in a medical emergency are stored.	Third and final time	Done Done Done	One week

		Ref: 11.0			
16	15(1)(b)	**Carried forward for review at the next inspection** The registered person must address the issue, regarding the beam profile for one intra-oral x-ray machine which was identified by the Radiation Protection Advisor in their most recent report. Retain evidence of the actions taken to address the deficits. **Ref: 11.0**	Fourth time	Done	8 April 2014

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

Lynn Long
The Regulation and Quality Improvement Authority
9th floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

SIGNED: _____

NAME: Robert McMitchell
Registered Provider

DATE 3.9.14

SIGNED: _____

NAME: Jessica Lomas
Registered Manager

DATE 3.9.14

	QIP Position Based on Comments from Registered Persons	Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	Yes		LLong	19/9/14
B	Further information requested from provider		No	LLong	