

Announced Care and Variation to Registration Inspection Report 10 May 2016



Gentle Dental Care

Service Type: Dental Practice
Address: 58 Lisburn Road, Belfast, BT9 6AF
Tel No: 028 9032 6795
Inspector: Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced care and variation to registration inspection of Gentle Dental Care was carried out by Carmel McKeegan on 10 May 2016 between the hours of 10:30 and 13:30. Mr Colin Muldoon, Estates Inspector, undertook an estates inspection at the same time. The report and findings of the estates inspection will be issued under separate cover.

The practice was initially registered on 22 November 2012. An application for a minor variation of the registration of the practice was submitted to RQIA by Mr Adam Jaffa, Registered Person. The application was to change the structural layout of the large ground floor reception room to provide a dedicated x-ray room and a patient consultation area.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led. The inspection also sought to review the structural alterations made to the practice in relation to the minor variation of the registration application.

The application for variation of the registration of the practice is approved subject to confirmation from the estates inspector that the matters stated in the estates inspection report QIP have been addressed.

Is care safe?

Observations made, review of documentation and discussion with Mr Adam Jaffa, Registered Person, and staff demonstrated that a number of issues need to be addressed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Four recommendations were made relating to infection prevention control, decontamination of dental handpieces, review of clinical waste storage arrangements and the establishment of service arrangements for the x-ray machines.

Is care effective?

Observations made, review of documentation and discussion with Mr Jaffa and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Jaffa and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was good leadership and in the main, governance arrangements were in place to create a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. Areas for improvement were identified in the 'Is care safe?' domain. The recommendations made during this inspection must be actioned to ensure improvements are made and kept under review to ensure improvements are sustained.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the QIP within this report were discussed with Mr Adam Jaffa and Mrs Lucy Stock, Registered Persons, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

The most recent care inspection was undertaken on 3 November 2015 during which an issue of concern was identified in relation to the recruitment and selection of staff. A failure to comply notice was issued to Gentle Dental Care on 13 November 2015 regarding poor practice in the recruitment and selection of staff.

A compliance monitoring inspection was undertaken on 15 January 2016 at which time evidence was available to confirm that systems and processes had been implemented to address the deficits identified with recruitment and selection of staff. RQIA was satisfied that full compliance had been achieved with the failure to comply notice.

2.0 Service details

Registered organisation/registered person: Mr Adam Jaffa Mrs Lucy Stock	Registered manager: Mr Adam Jaffa
Person in charge of the service at the time of inspection: Mr Adam Jaffa Mrs Lucy Stock	Date manager registered: 22 November 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspectors met with Mr Adam Jaffa and Mrs Lucy Stock, Registered Persons and three dental nurses. Mr Jaffa facilitated the inspection. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical records
- health promotion
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 November 2015

The most recent inspection of the establishment was a compliance monitoring inspection which confirmed that compliance was achieved. The most recent care inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 3 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.4 Stated: First time	It is recommended that written protocols should be available for staff reference outlining the local procedure for dealing with the various medical emergencies.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Jaffa and review of documentation confirmed that written medical emergency protocols were provided for staff reference as recommended.	
Recommendation 2 Ref: Standard 11.1 Stated: First time	It is recommended that AccessNI enhanced disclosure certificates are handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Jaffa and review of documentation demonstrated that AccessNI enhanced disclosure certificates are handled in keeping with the AccessNI code of practice. Templates have been developed to record all relevant information required in respect of AccessNI disclosure certificates received.	

4.3 Is care safe?

Staffing

Four dental surgeries are in operation in this practice. Discussion with staff and review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of two evidenced that induction programmes had been completed when new staff joined the practice. Discussion with staff confirmed that they had been provided with a structured and thorough induction programme when they commenced working in the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Jaffa confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for both staff members demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance. A recruitment checklist has been implemented to ensure that all documentation in relation to Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is retained.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Policies and procedures were in place for the safeguarding and protection of adults and children. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Staff were aware of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' and a copy of this new guidance document was available in the practice. Mr Jaffa confirmed that the adult safeguarding policy would be updated to reflect the new regional guidance.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and 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 best practice guidance.

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 location of medical emergency medicines and equipment.

As previously stated written protocols have been developed and were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt, with the exception of one dental stool, which had a small tear in the upholstery. It was also observed that the flooring in the dental surgeries is impervious but in two of the surgeries the flooring covering was not covered or sealed at the edges where the floor meets the walls and kicker boards of cabinetry. These issues were discussed with Mr Jaffa and a recommendation has been made to address them.

Staff were observed to be adhering to best practice in terms of uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant, an ultrasonic cleaner and two steam sterilisers have been provided to meet the practice requirements. Mr Jaffa confirmed that the equipment used in the decontamination process had been validated the day prior to the inspection and the certificates had not yet been provided. RQIA received a copy of the validation certificates for the decontamination equipment, by electronic mail in the afternoon of 10 May 2016.

A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

Discussion with staff evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Decontamination of hand pieces was discussed with Mr Jaffa who was advised to refer to the Professional Estates Letter (PEL) 13 (13), dated 24 March 2015 which was issued to all dental practices by the DHSSPS. A recommendation has been made to review the procedure for the decontamination of dental handpieces.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during April 2016.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

Review of the management of waste within the practice confirmed that arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste. Clinical waste bags for collection are placed in a wheeled yellow cart which is kept outside at the rear of the premises, in a shared alleyway. Whilst the wheeled cart is locked at all times, it is not secured to prevent it being removed by any unauthorised individual. It was recommended that consideration is given to securing the wheeled cart to prevent unauthorised removal of this item.

Radiography

The practice has four surgeries, each of which has an intra-oral x-ray machine. In addition a dedicated room has recently been provided to house a new orthopan tomogram (OPG) machine. This new room is located on the ground floor and was observed to have been completed to a high standard. The previously used OPG was still insitu on the second floor, Mr Jaffa confirmed that this machine will be decommissioned and removed from the practice in due course.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing in respect of the intra-oral x-ray and OPG machines.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completed a quality assurance check of the new OPG machine and the four x-ray units on 11 April 2016. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

Mr Jaffa was unsure of the servicing requirements of the x-ray equipment provided in the practice. It was agreed that Mr Jaffa would consult the manufacturer's instructions and take appropriate action. A recommendation was made to establish service arrangements for each x-ray machine in accordance with respective manufacturer's instructions, the arrangements should be confirmed to RQIA in the returned QIP.

Quality assurance systems and processes were in place to ensure that matters relating to x-rays reflect legislative and best practice guidance

Environment

The environment was maintained to a good standard of maintenance and décor. As previously stated a dedicated OPG room and private patient consultation room have recently been provided, both areas have been completed to a good standard and will be of benefit to patients.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Colin Muldoon, Estates Inspector, reviewed the environmental aspects of the practice and the associated risk assessments as part of his inspection. The estates inspection report will be issued under separate cover.

Patient and staff views

Five patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were provided in the submitted questionnaires.

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. The following comments were provided:

- “Change over in nursing staff over past months which temporarily affects the amount of staff.”
- “Nursing cover is challenging – safe for patients but sickness and high staff turnover cause pressure. Staff induction can be improved.”

Comments were shared with Mr Jaffa who stated that the practice has recently had to manage planned and unplanned staff leave and subsequently recruited an additional staff member to meet the needs of the practice. Staff spoken with during the inspection stated they enjoyed working in the practice and that patient’s care and well-being was always paramount. As previously stated, staff spoken with confirmed that they had been provided with a structured and thorough induction programme when they commenced employment in the practice.

Areas for improvement

The floor covering in the identified dental surgeries should be sealed at the edges where the floor meets the walls and cabinetry and the dental stool should be reupholstered.

The procedure for the decontamination of dental handpieces should be reviewed.

Consideration should be given to securing the wheeled cart containing clinical waste to prevent unauthorised removal of this item.

The registered person should review the manufacturer’s instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer’s instructions.

Number of requirements:	0	Number of recommendations:	4
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4.4 Is care effective?

Clinical records

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Mr Jaffa and Mrs Stock confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. Mr Jaffa confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Discussion with staff and observations made evidenced that appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Clinical staff confirmed that oral health is actively promoted on an individual basis during treatment sessions by both the dentists and the dental therapist.

A range of oral health promotion leaflets were available at reception and the patients' waiting area. A range of oral healthcare products were also available to purchase.

Mr Jaffa and Mrs Stock advised that the practice has been involved with two local schools to promote the value of good dental health when wearing braces and the practice is also involved with an outreach programme for local elderly and youth groups.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records recording audit
- review of complaints/accidents/incidents

Communication

Mr Jaffa confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions. Staff also confirmed that a daily 'staff huddle' takes place each morning to update staff on the patient list for that day and ensure adequate arrangements are in place to meet the needs of the patients.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice. There were no concerns raised during the inspection.

Discussion with staff confirmed that breaking bad news to a patient is undertaken in the privacy of the dental surgery and patients are facilitated to have private consultation with their dentist should they have any concerns.

Patient and staff views

All of the five patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were provided in the submitted questionnaires.

Five submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. No comments were provided in the submitted questionnaires.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. As previously stated a new patient consultation area has been provided. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

Staff were clear about the importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment.

Clinical staff confirmed that treatment options including the risks and benefits were discussed with each patient. This ensured patients understood what treatment is available to them in order that they can make an informed choice. Discussion with Mr Jaffa and staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. 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.

Patient and staff views

All of the five patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

Five submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this.

No comments were provided in the submitted patient or staff questionnaires.

Number of requirements:	0	Number of recommendations:	0
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Areas for improvement

No areas for improvement were identified during the inspection.

4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Mr Jaffa is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire, review of documentation and discussion with Mr Jaffa indicated that complaints have been managed in accordance with best practice guidance and the practice complaints procedure.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr Jaffa confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Jaffa and Mrs Stock demonstrated a clear understanding of their roles and responsibility in accordance with legislation. A review of the Statement of Purpose and Patient Guide confirmed that these documents had been revised and updated and were reflective of the current arrangements in the practice including the provision of a dedicated OPG room and a private area for patient consultation.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Number of requirements:	0	Number of recommendations:	0
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Patient and staff views

All five patients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comment was provided:

- 'Best dental practice I've ever been to. I have a dental phobia very badly but my dentist totally gets it and helps me with it. She's the best dentist, I can't imagine a dentist better than her. I could get my dental work for free through the NHS but I'd rather pay here as I feel comfortable and safe here and my dentist is amazing.'

Four of the submitted staff questionnaire responses indicated that they felt that the service is well led, one staff questionnaire response indicated the staff member felt the service is not managed well. A negative comment made on one staff questionnaire, relating to the management of the practice was discussed with Mr Jaffa. Staff spoken with during the inspection stated that they enjoyed working in the practice and they felt that there was good team working including the management team.

Areas for improvement

No areas for improvement were identified during the inspection.

4.7 Variation to Registration

An application was submitted to RQIA by Mr Adam Jaffa, Registered Person, for a minor variation of the registration of the practice. The application was to change the structural layout of a large ground floor reception area to provide a dedicated x-ray room and a patient consultation area. The application for variation of the registration of the practice is approved subject to confirmation from the estates inspector that the matters stated in the estates inspection report QIP have been addressed.

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Adam Jaffa and Mrs Lucy Stock, Registered Persons, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered persons meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 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 persons may enhance service, quality and delivery.

5.3 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 persons 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 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 areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 10 June 2016</p>	<p>The floor covering in the two identified dental surgeries should be sealed at the edges where the floor meets the walls and cabinetry.</p> <p>The dental stool should be re-upholstered to provide an intact surface to facilitate effective cleaning.</p> <p>Response by registered person detailing the actions taken: the flooring company have been booked to replace the floor in one room and amend in another</p>
<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 10 June 2016</p>	<p>The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) 13 (13). Compatible handpieces should be processed in the washer disinfectant.</p> <p>Response by registered person detailing the actions taken: this has been discussed with staff and our protocol has changed</p>
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 10 June 2016</p>	<p>Consideration should be given to securing the yellow wheeled cart containing clinical waste for collection, to prevent unauthorised removal of this item.</p> <p>Response by registered person detailing the actions taken: after consultation with the clinical waste company the yellow bin has been chained securely so it cannot be moved or removed</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 10 July 2016</p>	<p>The registered person should review the manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. The arrangements should be confirmed to RQIA in the returned QIP.</p> <p>Response by registered person detailing the actions taken: the xray servicing is complete. one machine was found to have a fault and is irreparable. this machine is not being used and replacement is being sought.</p>



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