

# Announced Care Inspection Report

## 27 May 2016



## McDonough & Garrett Dental Care

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of McDonough and Garrett Dental Care took place on 27 May 2016 from 10:00 to 12:30.

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.

### Is care safe?

Observations made, review of documentation and discussion with Mr McDonough and staff demonstrated that improvements are needed in this practice to ensure that care 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. Three requirements were made in relation to the decontamination process and one requirement was made in relation to radiation safety and protection.

Eight recommendations were also made. Two relating to recruitment of staff and staff inductions have been stated for the second time. Four related to infection prevention and control and decontamination arrangements. Two further recommendations related to staff training records and retaining of evidence of radiology equipment servicing.

### Is care effective?

Observations made, review of documentation and discussion with staff demonstrated that effective systems were in place in relation to the management of clinical records, communication between staff and patients and the practice's health promotion strategy. However, there was limited evidence to confirm that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. Recommendations to undertake infection prevention and control and x-ray audits have been made.

### Is care compassionate?

Observations made, review of documentation and discussion with Mr McDonough and staff demonstrated that arrangements are in place to promote patients' dignity and respect. The recommendation to undertake a patient satisfaction survey on an annual basis has been stated for a second time.

### Is the service well led?

Information gathered during the inspection evidenced some deficits in terms of leadership and governance arrangements. A significant number of requirements and recommendations have been made to address these deficits. A requirement has been made to review the current governance and oversight arrangements and ensure that any future arrangements address the issues identified as part of this inspection and ensure the 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
<b>Total number of requirements and recommendations made at this inspection</b>	5	11

Details of the QIP within this report were discussed with Mr David McDonough, registered person, 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

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

### 2.0 Service details

<b>Registered organisation/registered person:</b> Mr David McDonough Mrs Shiela Garrett	<b>Registered manager:</b> David McDonough
<b>Person in charge of the service at the time of inspection:</b> Mr David McDonough	<b>Date manager registered:</b> 13 June 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

### 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 inspector met with, Mr McDonough, the practice manager, and two dental nurses. 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
- 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 22 May 2015

The most recent inspection of the McDonough & Garrett Dental Care 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 22 May 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2  <b>Stated: First time</b>  <b>To be Completed by: 22 May 2015</b>	The registered persons must ensure that enhanced Access NI checks are undertaken and received prior to commencement of employment of any new staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Two new staff had been employed since the previous inspection. One staff member works outside of opening hours and did not require to have an Access NI check undertaken. A review of the records confirmed that an Access NI check had been undertaken and received prior to commencement of employment, for the second staff member.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated: First time</b>  <b>To be Completed by:</b> 22 June 2015	It is recommended that the expiry dates on all medications and emergency equipment are checked monthly and if required replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  A review of the arrangements in place confirmed that all emergency medicines and equipment were retained within their expiry dates.  The records confirming that the checks have been undertaken were signed and dated.	

<b>Recommendation 2</b>  <b>Ref:</b> Standard 12.4  <b>Stated: First time</b>  <b>To be Completed by:</b> 22 June 2015	<p>It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>An AED has been purchased and is available in the practice. Staff confirmed that they had been trained in the use of the AED.</p>	<b>Met</b>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 12.4  <b>Stated: First time</b>  <b>To be Completed by:</b> 22 June 2015	<p>It is recommended that emergency equipment should be provided as stated in Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013).</p> <p>It is recommended that the emergency equipment including the storage box is cleaned and retained clean.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the equipment retained for use in a medical emergency confirmed that it is as stated in the Resuscitation Council (UK) guidelines.</p> <p>The emergency equipment and the storage box were retained clean.</p>	
<b>Recommendation 4</b>  <b>Ref:</b> Standard 12.1  <b>Stated: First time</b>  <b>To be Completed by:</b> 22 June 2015	<p>It is recommended that policies and procedures for the management of medical emergencies should be developed to include the medical emergencies outlined in best practice guidance. The procedures should outline the arrangements in place at this practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the policies and procedures for the management of a medical emergency confirmed that they have been developed as outlined.</p>	<b>Met</b>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 22 May 2015</p>	<p>It is recommended that the following information should be retained in the personnel files of any newly recruited staff:</p> <ul style="list-style-type: none"> <li>• two written references, including one from the most recent employer;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties; and</li> <li>• completed contracts of employment/agreement</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the records for the most recently employed staff confirmed that the information was retained with the exception of two written references and confirmation that the person is physically and mentally fit to fulfil their duties.</p> <p>This recommendation has been partially met and has been stated for the second time.</p>	<p><b>Partially Met</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 11.3</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 22 May 2015</p>	<p>It is recommended that written inductions are in place for all newly recruited staff. The induction programme should facilitate the inductor and inductee to sign and date when induction topics have been discussed.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A written induction was not in place for the most recently employed staff member. The practice manager confirmed that it had been completed. However, the records could not be located during the inspection.</p> <p>As the records were not available for review this recommendation has been stated for the second time.</p>	<p><b>Not Met</b></p>

<b>Recommendation 7</b>  <b>Ref:</b> Standard 9  <b>Stated:</b> First time  <b>To be Completed by:</b> 22 August 2015	It is recommended that a survey of patient satisfaction is undertaken on an annual basis.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b>  A patient satisfaction survey has not been undertaken on an annual basis. The most recent patient satisfaction survey was undertaken in 2013.  This recommendation has not been met and has been stated for the second time.	

### 4.3 Is care safe?

#### Staffing

Three 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.

A written induction was not in place for the most recently employed staff member. The practice manager confirmed that it had been completed. However, the records could not be located during the inspection. The recommendation which had been made in relation to written inductions during the previous inspection has been stated for the second time.

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. A review of a sample of personnel records evidenced that appraisals had been completed on an annual basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

Records examined 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

Two staff have been recruited since the previous inspection. It was identified that only one of the staff members is in the practice during opening hours. The personnel file for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 with the exception of two written references and confirmation that the person is physically and mentally fit to fulfil their duties had been sought and retained. A recommendation, in relation to the information to be retained in the personnel files of any newly recruited staff, which had been made during the previous inspection has been partially met and has been stated for the second time.



## **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.

Safeguarding training 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. The content of the training, which had been delivered in house by one of the registered persons, had not been retained. A recommendation has been made.

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.

## **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 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.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

## **Infection prevention control and decontamination procedures**

A review of the arrangements in place for infection prevention control and decontamination procedures demonstrated a number of issues which require to be addressed.

Clinical areas were tidy and work surfaces were intact and easy to clean. The wipe-able wall covering in the decontamination room was peeling away from the wall in one area and the pull cord light switch was not clean. A recommendation has been made to address these issues.

The decontamination process was reviewed. It was identified that staff are not processing dental hand pieces through the washer disinfectant. Staff were unsure if the dental hand pieces were compatible with an automated process and cited anecdotal evidence of damage to hand pieces that are processed using the washer disinfectant.

As outlined in the best practice framework manual cleaning should only be considered where the manufacturer specifies that the device is not compatible with automated processes or when the washer disinfectant is temporarily unavailable. A recommendation was made to ensure that the dental hand pieces which are compatible with an automated process are being processed in line with best practice.

Gaps were identified in the records for periodic testing and discussion with staff identified a number of gaps in the records. Separate log books, detailing all of the information in relation to each piece of equipment used in the decontamination process, were not being retained. Periodic testing in relation to the vacuum autoclave, which is less frequently used, are only being undertaken on a weekly basis. Requirements have been made to ensure that periodic testing as outlined in HTM 01-05, for all of the equipment used in the decontamination process, is undertaken and recorded and that separate machine log books are established for both of the sterilisers, the washer disinfectant and the ultrasonic cleaner.

The cycle parameters stored on the data loggers of the vacuum autoclave and washer disinfectant are not being uploaded to a practice computer and reviewed. A recommendation has been made to ensure the information contained on the data loggers is uploaded and reviewed on a monthly basis or more frequently if required.

An ultrasonic cleaner has recently been reintroduced into the decontamination process. There was no evidence of periodic testing being undertaken or that the ultrasonic cleaner had been validated. It was identified during discussion that not all staff were using the ultrasonic cleaner in the decontamination process. The reason for the reintroduction into the process was discussed and it was identified that some staff found it useful for cleaning more heavily soiled instruments. The benefits of addressing heavily soiled instruments at the chairside were discussed with staff. It was agreed that better management of these instruments at the chair side would negate the need for the use of the ultrasonic cleaner.

Mr McDonough and the practice manager confirmed that both of the sterilisers and the washer disinfectant had been validated. However, records to confirm that the washer disinfectant and vacuum autoclave had been validated were not available for review. A requirement has been made that all equipment used in the decontamination process has been validated and records confirming validation must be retained for inspection.

The benefits of using pre-printed log books to record periodic testing were discussed and information in relation to pre-printed log books was shared with Mr McDonough following the inspection.

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

A review of staff training records identified that staff have attended training in infection prevention and control and decontamination. However, as a result of the issues identified during this inspection a recommendation has been made that all staff attend refresher training in infection prevention and control. In the well led section of this report a recommendation has also been made that the registered person should develop a system to ensure that the training delivered is being embedded into practice.

## **Radiography**

The practice has three surgeries, each of which has an intra-oral x-ray machine.

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.

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.

The radiation protection advisor (RPA) completes a quality assurance check every three years. The most recent visit by the RPA was undertaken in June 2015. A review of the report from this visit indicated that a number of recommendations had been made. However, there was no evidence to confirm that the recommendations made had been reviewed or addressed by the RPS. A requirement has been made to address this.

There was no evidence retained to confirm that the x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions. A recommendation has been made.

Robust quality assurance systems were not in place. This is discussed in more detail within the audits section of 'is care effective'?

## **Environment**

The environment was maintained to a good standard of maintenance and décor. As outlined previously some issues were identified in the dedicated decontamination room which needed to be addressed.

A colour coded cleaning system was in place.

Staff confirmed that there are arrangements in place for maintaining the environment. There was evidence that portable appliance testing was being undertaken regularly.

A legionella risk assessment had been undertaken and there was evidence that control measures were in place in relation to the management and control of Legionella.

A written scheme of examination of pressure vessels was in place and a review of the records demonstrated that all of the pressure vessels had been tested as outlined in the written scheme.

## Patient and staff views

Sixteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comments were provided:

- 'Staff are always very friendly and pleasant. Always helpful'
- 'I am always well looked after'
- 'Extremely safe and thorough at all times'
- 'Very courteous and helpful'

Five staff submitted questionnaire responses. All indicated that they feel that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

## Areas for improvement

Written inductions should be in place for newly appointed staff.

All relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained as part of the recruitment process.

A copy of the content of any training which has been delivered in-house to staff should be retained.

The wipeable wall covering in the decontamination room should be made good where it is peeling away from the wall and the pull cord light switch should be replaced and retained clean.

All staff should attend refresher training in infection prevention and control and the decontamination process.

All of the equipment used in the decontamination process must be validated and records confirming validation must be retained for inspection.

Periodic testing as outlined in HTM 01-05, for all of the equipment used in the decontamination process, must be undertaken and recorded.

Separate machine log books must be established for both of the sterilisers, the washer disinfectant and the ultrasonic cleaner and contain all the relevant information.

Review the procedure for cleaning dental hand pieces and ensure hand pieces are being cleaned in line with manufacturer's guidance or best practice as outlined in HTM 01-05.

The cycle parameters information contained on the data loggers of the decontamination equipment should be uploaded and reviewed on a monthly basis or more frequently if required.

The registered person must ensure that the recommendations made by the appointed Radiation Protection Advisor have been addressed.

Evidence should be retained to confirm that the x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

<b>Number of requirements:</b>	<b>4</b>	<b>Number of recommendations:</b>	<b>8</b>
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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.

It was confirmed during discussion 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. Staff confirmed that patients are informed about the cost of treatments, choices and options.

##### Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There were information leaflets and visual displays available in the waiting areas regarding the importance of oral hygiene. A dental hygienist is employed and staff confirmed that patients are referred to the hygienist as required.

The practice was advertising an oral health promotion day for children and families, themed to include a major upcoming sporting event that would appeal to children and families alike. Staff confirmed that an oral health promotion day is organised six monthly.

Staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

##### Audits

There was limited evidence to confirm that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals.

As outlined previously a number of issues were identified in relation to infection prevention and control and decontamination practices. These issues should have been identified and addressed through regular audit using the Infection Prevention Society HTM 01-05 audit tool. A recommendation has been made.

There was evidence retained that both dentists were recording a quality grade for each x-ray taken. However, there was limited evidence to confirm that x-ray quality and justification and clinical evaluation recording audits were being undertaken on a regular basis. A recommendation has been made.

## Communication

Staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff confirmed during discussion that staff meetings are held on a regular basis to discuss clinical and practice management issues. Staff also confirmed that meetings facilitated formal and informal in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

## Patient and staff views

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comments were provided:

- 'At times care can be reactive rather than preventative'
- 'Any concerns explained'

All of the submitted staff questionnaire responses indicated that they feel 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. The following comment was provided:

- 'As best as humanly possible'

## Areas for improvement

The Infection Prevention Society HTM 01-05 audit should be undertaken six monthly. Any issues identified as a result of the audit should be addressed.

X-ray quality audits must be undertaken and recorded on a six monthly basis. Justification and clinical evaluation recording audits must be undertaken annually and recorded.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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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. 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.

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.

The practice does not pro-actively seek the views of patients about the quality of treatment and other services provided on a regular basis. The most recent patient satisfaction survey was undertaken in 2013. This is disappointing to note as a recommendation in relation to undertaking a patient satisfaction survey on an annual basis was made during the previous inspection. The recommendation has now been stated for the second time. On completion of the survey a report should be produced and made available to patients. Any recommendations made should be implemented into practice.

### **Patient and staff views**

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comments were provided:

- 'I'm always treated with dignity and respect. It would be difficult to know what choices you have if any! These probably are communicated if you have any'
- In response to being asked if they are treated with dignity and respect one patient commented 'at all times'

Five submitted staff questionnaire responses indicated that they feel 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.

### **Areas for improvement**

A patient satisfaction survey about the quality of treatment and other services provided should be undertaken on an annual basis.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## **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. There was a nominated individual with overall responsibility for the day to day management of the practice.

As outlined in the previous domains of safe, effective and compassionate care a number of issues were identified which indicate a lack of day to day governance and oversight arrangements of the processes in place at this practice. There was limited evidence of regular auditing of these systems and processes. Regular auditing and reviewing of these processes would enable the registered persons to identify the issues outlined and improve the overall quality of the service being provided.

Evidence was not available to confirm that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. As identified previously the most recent patient satisfaction survey was undertaken in 2013.

Despite good evidence of staff training having been completed, there was limited evidence that this training has been embedded into day to day practice in relation to infection prevention and control and decontamination processes.

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

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

Information requested by RQIA has been submitted within specified timeframes.

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

### **Patient and staff views**

All of the patients who submitted questionnaire responses indicated that they feel that the service is well managed. The following comments were provided:

- 'Runs smoothly and efficiently'
- 'We are kept very well informed'
- 'Appointments are managed well. Sometimes waiting times can be longer than I like but this is usual in all health services and probably unavoidable'

All of the submitted staff questionnaire responses indicated that they feel that the service is well led. Staff spoken with during the inspection concurred with this. The following comments were provided:

- 'As the.....I would like to think that the staff could come to me with problems'

### **Areas for improvement**

The registered person must review the current governance and oversight arrangements and ensure that any future arrangements address the issues identified as part of this inspection and ensure the improvements are sustained.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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### **5.0 Quality improvement plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr David McDonough, registered provider, 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 person(s) 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 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 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.

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	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 27 July 2016	<p>The registered person must ensure that all of the equipment used in the decontamination process has been validated.</p> <p>Records confirming validation must be retained for inspection.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Complied O. Armstrong, 20.6.16 Validation certificates available for inspection</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 15 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 27 June 2016	<p>The registered person must ensure that separate machine log books are established for both of the sterilisers, the washer disinfectant and the ultrasonic cleaner.</p> <p>Log books should contain the following information:</p> <ul style="list-style-type: none"> <li>• details of the machine and location;</li> <li>• commissioning report;</li> <li>• daily/weekly test records;</li> <li>• quarterly test records; (if required)</li> <li>• annual service/validation certification;</li> <li>• fault history; and</li> <li>• relevant contacts e.g. service engineer</li> </ul> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All have been complied with 20.6.16 validation certificates available for inspection</p>
<b>Requirement 3</b>  <b>Ref:</b> Regulation 15 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 27 June 2016	<p>The registered person must ensure that periodic testing as outlined in HTM 01-05, for all of the equipment used in the decontamination process, is undertaken and recorded.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Complied with</p>

<b>Requirement 4</b> <b>Ref:</b> Regulation 15 (1) (b) <b>Stated:</b> First time <b>To be completed by:</b> 27 June 2016	<p>The registered person must ensure that the recommendations made by the appointed Radiation Protection Advisor have been addressed.</p> <p>Records to confirm that the recommendations have been addressed should be retained.</p> <p><i>Complied 30.6.16</i></p> <p><b>Response by registered person detailing the actions taken:</b></p>
<b>Requirement 5</b> <b>Ref:</b> Regulation 17 (1) <b>Stated:</b> First time <b>To be completed by:</b> 27 July 2016	<p>The registered person must review the current governance and oversight arrangements and ensure that any future arrangements address the issues identified as part of this inspection and ensure the improvements are sustained.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p><i>Have complied with.</i></p>
<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> Second time <b>To be completed by:</b> 27 May 2016	<p>It is recommended that the following information should be retained in the personnel files of any newly recruited staff:</p> <ul style="list-style-type: none"> <li>• two written references, including one from the most recent employer;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties; and</li> <li>• completed contracts of employment/agreement</li> </ul> <p><b>Response by registered person detailing the actions taken:</b></p> <p><i>Complied O. Armstrong</i></p>
<b>Recommendation 2</b> <b>Ref:</b> Standard 11.3 <b>Stated:</b> Second time <b>To be completed by:</b> 27 May 2016	<p>It is recommended that written inductions are in place for all newly recruited staff. The induction programme should facilitate the inductor and inductee to sign and date when induction topics have been discussed.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p><i>O. Armstrong — complied</i></p>

<b>Recommendation 3</b> <b>Ref:</b> Standard 9 <b>Stated:</b> Second time <b>To be completed by:</b> 27 August 2016	<p>It is recommended that a survey of patient satisfaction is undertaken on an annual basis.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>We will be doing a survey of patient satisfaction in August 2016. Complied</p>
<b>Recommendation 4</b> <b>Ref:</b> Standard 11.4 <b>Stated:</b> First time <b>To be completed by:</b> 27 May 2016	<p>A copy of the content of any training which has been delivered in-house to staff should be retained.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Complied with</p>
<b>Recommendation 5</b> <b>Ref:</b> Standard 11.4 <b>Stated:</b> First time <b>To be completed by:</b> 27 August 2016	<p>All staff should be facilitated to attend refresher training in infection prevention and control and the decontamination process.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Complied with</p>
<b>Recommendation 6</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time <b>To be completed by:</b> 27 June 2016	<p>The procedure for cleaning dental hand pieces should be reviewed.</p> <p>Hand pieces should be cleaned in line with manufacturer's guidance or best practice as outlined in HTM 01-05.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Complied - Action taken now</p>
<b>Recommendation 7</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time <b>To be completed by:</b> 27 July 2016	<p>The wipe-able wall covering in the decontamination room, where it is peeling away from the wall should be repaired and the pull cord light switch should be replaced and retained clean.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Complied with. New handle and cord. covering repaired</p>



<b>Recommendation 8</b> Ref: Standard 13 Stated: First time To be completed by: 27 June 2016	The cycle parameter information contained on the data loggers of the decontamination equipment is uploaded and reviewed on a monthly basis or more frequently if required.  <b>Response by registered person detailing the actions taken:</b>  <i>Has been dealt with</i>
<b>Recommendation 9</b> Ref: Standard 14.4 Stated: First time To be completed by: 27 July 2016	Evidence should be retained confirming that the x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.  <b>Response by registered person detailing the actions taken:</b>  <i>Complied</i>
<b>Recommendation 10</b> Ref: Standard 13 Stated: First time To be completed by: 27 July 2016	The Infection Prevention Society HTM 01-05 audit should be undertaken six monthly.  Any issues identified as a result of the audit should be addressed.  <b>Response by registered person detailing the actions taken:</b>  <i>Complied with,</i>
<b>Recommendation 11</b> Ref: Standard 8.3 Stated: First time To be completed by: 27 August 2016	X-ray quality audits must be undertaken and recorded on a six monthly basis.  Justification and clinical evaluation recording audits must be undertaken annually and recorded.  <i>Complied since 2014 - In Surgery File</i>  <b>Response by registered person detailing the actions taken:</b>



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