

**Announced Care Inspection
of
Roe Valley Dental Practice**

13 April 2015

1. Summary of Inspection

An announced care inspection took place on 13 April 2015 from 9.40 to 11.50. Overall on the day of the inspection the management of medical emergencies was found to be generally safe, effective and compassionate. Improvements in recruitment and selection procedures are necessary to ensure care is safe, effective and compassionate. Some outstanding issues from the previous inspection also need to be addressed. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report. This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulation 2011, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

During the previous announced care inspection undertaken on 11 December 2014, concerns were raised regarding the lack of progress to address requirements and recommendations in relation to the decontamination of dental instruments, in particular the decontamination room environment and the implementation of the recommendations made as a result of the legionella risk assessment. Ms McLaughlin subsequently attended a serious concerns meeting at RQIA on 6 January 2015. During the serious concerns meeting Ms McLaughlin informed RQIA that she was not in the position to address the requirements and recommendations. Ms McLaughlin also disclosed that she was unable to address work which required to be undertaken in relation to the electrical wiring. Subsequently, a decision was made to undertake an estates inspection. The estates inspection would focus on the arrangements in relation to legionella risk and the electrical wiring. Following the estates inspection a further decision would be made regarding potential enforcement actions by RQIA.

An estates inspection was undertaken on 9 January 2015 during which it was identified that a number of deficits, identified in the premises' fixed wiring installation inspection report of 7 June 2014, had not been addressed. In addition a number of issues requiring attention as identified in the legionella risk assessment of 25 June 2014 had not been addressed.

Following consultation with senior management an intention to issue failure to comply notices meeting was held at RQIA on 22 January 2015 to discuss concerns about noncompliance with the regulations in regards to infection control, legionella risk management and fire safety. At this meeting, Ms McLaughlin confirmed that she was now in a position to address the issues identified and provided documentary evidence to support this. Ms McLaughlin provided a full account of the actions she will take to ensure the improvements necessary, to achieve full compliance with the required regulations.

On consideration of the information provided by Ms McLaughlin, RQIA decided not to serve failure to comply notices on this occasion. However, it was agreed that RQIA will continue to monitor the quality of service provided in Roe Valley Dental Practice and that an estates inspection would be carried out in approximately six weeks to follow-up progress in relation to

the matters identified regarding the electrical wiring and the legionella risk assessment. In addition, a care inspection will be carried out to follow-up progress in relation to the decontamination of dental instruments and the decontamination room environment.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection. However, whilst significant work has been undertaken in order to address the requirements and recommendation made in relation to the decontamination of dental instruments and the decontamination room environment, due to matters outside Ms McLaughlin's control, these have not been addressed in full. This matter was discussed with senior management and it was agreed that a follow-up inspection will be undertaken on 15 June 2015 to verify compliance.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made during the previous inspection for review at the follow-up inspection on 15 June 2015	3	1

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	12

The details of the QIP within this report were discussed with Ms McLaughlin, registered provider, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person:	Registered Manager:
Ms Winifred McLaughlin	Ms Winifred McLaughlin
Person in Charge of the Practice at the Time of Inspection:	Date Manager Registered:
Ms Winifred McLaughlin	27 June 2011
Categories of Care:	Number of Registered Dental Chairs:
Independent Hospital (IH) – Dental Treatment	1

3. Inspection Focus

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

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

- Medical and other emergencies; and
- Recruitment and selection

4. Methods/Process

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

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

During the inspection the inspector met with a receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment, and three patient medical histories.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the practice was an announced estates inspection undertaken on 9 January 2015. The provider has made progress in addressing the two issues outlined in the QIP and this was verified during a follow up monitoring visit by the estates inspector to the practice on 11 March 2015. This included extensive upgrading works to the fixed wiring installation in the premises and some progress to address the findings of the legionella risk assessment. Further contact with the provider by the estates inspector is planned to confirm satisfactory completion of works to address both requirements.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 11 December 2014.

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (3) Stated: Second time	Establish a fully functioning decontamination room as outlined in HTM 01-05 to include the following: <ul style="list-style-type: none"> the dental light fitting should be removed; the flooring should be refurbished/replaced to address the hole where the dental chair was mounted; the flooring should be sealed at the edges; damaged work tops should be replaced; the splash back above the work top should be sealed; the inside of cabinetry should be maintained clean. 	Not reviewed on this occasion. Carried forward for review at follow-up inspection on 15 June 2015
	Action taken as confirmed during the inspection: This requirement was not reviewed in its totality during this inspection. It was observed that significant work has been undertaken in order to address the actions above; however, due to matters outside Ms McLaughlin's control, not all have been able to be progressed. This matter was discussed with senior management and it was agreed that this requirement would be carried forward for review at a follow-up inspection which is scheduled to be undertaken on 15 June 2015.	
Requirement 2 Ref: 25 (2) (a) (b) (c) Stated: First time	The unused intra-oral x-ray unit should be removed from the decontamination room. The cause of damp at the window and wall of the decontamination room should be investigated and made right. The window sill behind and below the level of the cabinetry should be maintained clean. Adequate ventilation should be provided in the decontamination room including extract ventilation and the provision of make-up air, which meets HTM 01-05 and reduces the risk of damp.	Not reviewed on this occasion. Carried forward for review at follow-up inspection on 15 June 2015

	<p>Action taken as confirmed during the inspection:</p> <p>This requirement was not reviewed in its totality during this inspection. It was observed that significant work has been undertaken in order to address the actions above; however, due to matters outside Ms McLaughlin's control, not all have been able to be progressed. This matter was discussed with senior management and it was agreed that this requirement would be carried forward for review at a follow-up inspection which is scheduled to be undertaken on 15 June 2015.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: Second time</p>	<p>Ensure the ultrasonic cleaner and steriliser are validated and arrangements established for annual re-validation thereafter.</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of documentation evidenced that the steriliser was validated on 28 January 2015. The ultrasonic cleaner has been decommissioned and removed from the decontamination room. Ms McLaughlin provided assurances that the steriliser will be re-validated on an annual basis.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p>	<p>Ensure the washer disinfectant is validated and arrangements established for annual re-validation thereafter.</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of documentation evidenced that the washer disinfectant was validated on 24 March 2015. Ms McLaughlin provided assurances that the washer disinfectant will be re-validated on an annual basis.</p>	Met
<p>Requirement 5</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p>	<p>Periodic tests for the washer disinfectant, ultrasonic cleaner and steriliser must be undertaken and recorded in equipment logbooks in keeping with HTM 01-05.</p> <p>Decontamination equipment faults should be fixed within a reasonable timescale.</p>	<p>Carried forward for review at follow-up inspection on 15 June 2015</p>

	<p>Action taken as confirmed during the inspection:</p> <p>Ms McLaughlin confirmed that she is undertaking the periodic tests for the washer disinfectant and steriliser, however, she is not recording these as she is awaiting delivery of the pre-printed logbooks. The importance of recording the periodic tests, in the interim, in the absence of pre-printed logbooks was emphasised and Ms McLaughlin confirmed she would do this. Ms McLaughlin confirmed by email on 21 April 2015 that logbooks were now in place and periodic testing was being recorded.</p> <p>This requirement has been carried forward for review at the follow-up inspection which is scheduled to be undertaken on 15 June 2015.</p>	
<p>Requirement 6</p> <p>Ref: Regulation 15 (7)</p> <p>Stated: First time</p>	<p>Any remedial actions and control measures identified by the assessor in the legionella risk assessment should be implemented.</p> <p>Action taken as confirmed during the inspection:</p> <p>This requirement was reviewed by the estates inspector during an announced estates inspection on 9 January 2015 and a monitoring visit on 11 March 2015. The estates inspector noted that Ms McLaughlin has made progress in addressing the findings of the legionella risk assessment. Further contact with the provider by the estates inspector is planned to confirm satisfactory completion of works to address this requirement.</p>	<p>Compliance level not validated during this inspection and will be validated by an estates inspector</p>

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 8 Stated: Second time	<p>Introduce a more formalised approach to patient consultation.</p> <p>Patient consultation should be carried out at least on an annual basis.</p> <p>The findings of the patient satisfaction questionnaires should be collated and a summary report available. The summary report should be made available to patients.</p>	Not Met
	<p>Action taken as confirmed during the inspection:</p> <p>Patient satisfaction questionnaires are available in the waiting room for patients to complete if they wish. Ms McLaughlin indicated on the patient consultation declaration submitted to RQIA, that there had not been a sufficient number of responses as yet to collate and provide a summary of findings report.</p> <p>Ways in which a more targeted approach to patient consultation could be achieved were discussed with Ms McLaughlin during the previous inspection. However, Ms McLaughlin confirmed during this inspection that a more formalised approach has not been implemented and the methods to achieve this were discussed again.</p> <p>This recommendation has been stated twice and a requirement has therefore been made in this regard.</p>	
Recommendation 2 Ref: Standard 13 Stated: First time	<p>Ms McLaughlin should identify the type and dilution rate of the solution to be used in the event of a blood/bodily fluid spillage.</p> <p>Ms McLaughlin should be knowledgeable of the protocol for the management of a sharps injury, including risk assessment and referral to the Occupational Health Department for advice and guidance on the actions to be taken.</p>	Partially Met

	<p>Action taken as confirmed during the inspection:</p> <p>Ms McLaughlin demonstrated sound awareness of the actions to be taken in the event of a sharps injury.</p> <p>Ms McLaughlin was unable to provide information in sufficient detail regarding the type and dilution rate of the solution to be used in the event of a blood/bodily fluid spillage.</p> <p>This recommendation has been partially met and the unaddressed aspect has been stated for the second time.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Partially discharged local anaesthetic (LA) cartridges should be disposed of in purple lidded sharps boxes.</p> <p>The practice of expelling LA in the sink should cease with immediate effect.</p> <p>Action taken as confirmed during the inspection:</p> <p>Observations made confirmed that a purple lidded sharps box is available and in use for the disposal of partially discharged LA cartridges.</p> <p>Ms McLaughlin confirmed that the practice of expelling LA in the sink has ceased.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Liquid soap and disposable paper towels for hand drying should be provided in the toilet facility.</p> <p>Action taken as confirmed during the inspection:</p> <p>Liquid soap and disposable paper towels for hand drying were provided in the toilet facility. It was suggested that a hand towel dispenser should also be provided.</p>	Met
<p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Three separate mops and buckets should be available for cleaning the practice, one for the clinical and decontamination areas, one for general areas and one for the toilet facility.</p> <p>Mops and buckets should be colour coded – it is</p>	Partially Met

	<p>suggested that these should reflect the National Patient Safety Agency recommendations as outlined in HTM 01-05.</p> <p>The cleaner should be provided with a protocol for the cleaning arrangements in the practice including the colour coding to be used.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Three separate colour coded mops and buckets are available for cleaning the practice; however, Ms McLaughlin did not know which colours were used in which areas but confirmed that the cleaner was aware.</p> <p>The cleaner has not been provided with a protocol for the cleaning arrangements in the practice including the colour coding to be used. Ms McLaughlin's responsibility to ensure that a procedure is in place and satisfy herself that this is being adhered to was emphasised.</p> <p>This recommendation has been partially addressed and the unaddressed section has been stated for the second time.</p>	
<p>Recommendation 6</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Within the dental surgery:</p> <p>Readily prepared disposable cups of dental mouthwash should not be left on the worktop of the surgery with immediate effect.</p> <p>Arrangements should be made to relocate the three trolleys in the surgery containing equipment or to store the equipment in closed cupboards to ensure surfaces in the surgery can be effectively cleaned/disinfected between each patient.</p> <p>The enamel of the dental unit tray should be re-skinned.</p> <p>Worktops should be sealed at the wall and splash backs provided at sinks.</p> <p>The fabric chair in the surgery should be removed.</p> <p>The tear in the fabric of the dental chair should be made good.</p>	<p>Partially Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>Readily prepared disposable cups of dental mouthwash were not observed in the surgery and Ms McLaughlin confirmed that mouthwash is now prepared in preparation for the next patient coming into the surgery.</p> <p>Two of the three trolleys in the surgery have been relocated, however one trolley is still in situ.</p> <p>The enamel of the dental unit tray has not been re-skinned.</p> <p>Worktops have not been sealed at the wall and splash backs provided at sinks. Ms McLaughlin advised that this will be addressed when similar work is being carried out in the decontamination room.</p> <p>The fabric chair in the surgery has been removed.</p> <p>The tear in the fabric of the dental chair has not been made good. Ms McLaughlin advised that an upholsterer has been contacted in relation to this.</p> <p>This recommendation has been partially addressed and the unaddressed aspects have been stated for the second time.</p>	
<p>Recommendation 7</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>Blank off the overflow of the hand wash basin in the decontamination room using a stainless steel plate and sealing it with anti-bacterial mastic.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>This recommendation has not been addressed and is due to be actioned within the planned refurbishment work in the decontamination room over the coming weeks.</p> <p>This recommendation is carried forward for review at a follow-up inspection which is scheduled to be undertaken on 15 June 2015.</p>	<p>Not Met</p>

Recommendation 8 Ref: Standard 13 Stated: First time	Remove the plug in the hand washing basin in the dental surgery and blank off the overflow using a stainless steel plate sealed with anti-bacterial mastic.	Not Met
	Action taken as confirmed during the inspection: This recommendation has not been addressed and has been stated for the second time. Ms McLaughlin advised that this will be addressed when similar work is being carried out in the decontamination room.	
Recommendation 9 Ref: Standard 13 Stated: First time	Clinical waste should be disposed of in pedal operated bins.	Met
	Action taken as confirmed during the inspection: Observations made evidenced that this recommendation has been addressed.	
Recommendation 10 Ref: Standard 13 Stated: First time	The washer disinfectant has areas of rust on the exterior and should be re-skinned.	Met
	The cracked lid of the ultrasonic cleaner should be replaced. Action taken as confirmed during the inspection: A new casing has been provided on the washer disinfectant. The ultrasonic cleaner has been decommissioned and removed from the decontamination room.	
Recommendation 11 Ref: Standard 13 Stated: First time	Portals should be provided for the washer disinfectant to enable efficient cleaning of dental handpieces.	Not Met
	Action taken as confirmed during the inspection: This recommendation has not been addressed and has been stated for the second time. Ms McLaughlin confirmed that portals are now on order.	

5.3 Medical and other emergencies

Is Care Safe?

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

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

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed that Glucagon medication is not stored in a fridge and that a revised expiry date, of 18 months from the date of receipt, had not been recorded on the medication packaging to reflect this. The format of Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). It was suggested that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

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

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

Is Care Effective?

The practice does not have a policy for the management of medical emergencies and protocols are not available for staff reference outlining the local procedure for dealing with the various medical emergencies, with the exception of cardiac emergencies.

Discussion with the receptionist demonstrated that she had awareness of the actions to be taken in the event of a medical emergency.

Discussion with Ms McLaughlin and the receptionist confirmed that there have been no medical emergencies in the practice since the previous inspection.

Overall on the day of the inspection it was identified that some improvement is needed in relation to the policy and protocols for managing a medical emergency to ensure that care is effective.

Is Care Compassionate?

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

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

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

Areas for Improvement

A revised expiry date of 18 months from the date of receipt of the Glucagon medication must be recorded on the medication packaging and monitoring checklist.

An overarching policy and protocols for the management of medical emergencies reflecting best practice guidance should be developed.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Recruitment and selection

Is Care Safe?

No dental nurses are employed in Roe Valley Dental Practice and Ms McLaughlin is the only dentist. Ms McLaughlin employs three receptionists, one on a permanent basis and two relief staff who cover absences. The practice does not have a recruitment policy and procedure available.

Two personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph was in one file only;
- enhanced AccessNI checks had not been undertaken for either staff member;
- no written references in either file;
- details of full employment history, including an explanation of any gaps in employment was in both files;
- no criminal conviction declaration had been made on application in either file;
- no confirmation in either file that the person is physically and mentally fit to fulfil their duties.

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

Review of documentation evidenced that Ms McLaughlin had current professional indemnity insurance.

Overall on the day of the inspection it was identified that some development is required to ensure that recruitment and selection procedures are safe.

Is Care Effective?

The dental service's recruitment and selection procedures need further development in order to comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Three personnel files were reviewed in relation to the issuing of job description and contracts of employment. It was noted that only one file included a contract of employment and job description.

Although the receptionist spoken with confirmed she was given an induction on joining the practice, a record was not retained to evidence this. Discussion with Miss McLaughlin confirmed that induction programme recording templates had not been developed.

Discussion with the receptionist confirmed that she has not been provided with a contract of employment. The receptionist confirmed that she is aware of her roles and responsibilities.

Overall on the day of the inspection it was identified that recruitment and selection procedures were in need of further development to ensure they are effective.

Is Care Compassionate?

As discussed previously, recruitment and selection procedures require further development to meet good practice in line with legislative requirements.

Enhanced AccessNI checks had not been undertaken in respect of the two staff recruited since registration with RQIA. The importance of obtaining enhanced AccessNI checks, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Miss McLaughlin.

Discussion with Miss McLaughlin demonstrated that she has a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

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

Overall on the day of the inspection recruitment and selection was found in the main to be compassionate. However, robust arrangements are needed in relation to enhanced AccessNI checks.

Areas for Improvement

AccessNI checks must be obtained in respect of the two staff recruited since registration with RQIA and arrangements established to ensure that enhanced AccessNI checks are undertaken and received for any new staff prior to them commencing work in the practice.

A recruitment policy and procedures should be developed and implemented reflecting best practice guidance to ensure that robust arrangements are in place.

Staff employed in the practice should be issued with job descriptions and contracts of employment.

A staff register should be developed.

Induction programme recording templates should be developed relevant to the specific role for any newly recruited staff.

Number of Requirements	1	Number Recommendations:	5
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5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. None were returned to RQIA within the timescale required.

Discussion with the receptionist evidenced that she was provided with a job description, however, she had not been issued with a contract of employment on commencing work in the practice. The receptionist confirmed that she received an induction which included the management of medical emergencies. The receptionist confirmed that annual training is provided on the management of medical emergencies.

5.5.2 Complaints

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

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in the returned questionnaire indicated that there have been no complaints made from 1 January 2014 to 31 March 2015.

5.5.3 Patient consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by the RQIA to the practice for completion.

Patient satisfaction questionnaires are available in the waiting room for patients to complete if they wish. Ms McLaughlin indicated on the patient consultation declaration submitted to RQIA, that there had not been a sufficient number of responses as yet to collate and provide a summary of findings report.

As stated in section 5.2, a recommendation to implement a more targeted approach to patient consultation was made during the previous two care inspections. As there has been no progress on this matter a requirement was made.

Ways in which a more targeted approach to patient consultation could be achieved were again discussed with Ms McLaughlin.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss McLaughlin, 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.

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

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

Quality Improvement Plan for Review at Follow-Up inspection scheduled for 15 June 2015	
Statutory Requirements carried forward from 13 April 2015	
Requirement 1 Ref: Regulation 15 (3) Stated: Second time To be Completed by: 15 June 2015	<p>Establish a fully functioning decontamination room as outlined in HTM 01-05 to include the following:</p> <ul style="list-style-type: none"> the dental light fitting should be removed; the flooring should be refurbished/replaced to address the hole where the dental chair was mounted; the flooring should be sealed at the edges; damaged work tops should be replaced; the splash back above the work top should be sealed; the inside of cabinetry should be maintained clean. <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All requirements actioned except flooring which is incomplete as yet and as discussed with E.Campbell.</p>
Requirement 2 Ref: Regulation 25 (2) (a) (b) (c) Stated: First time To be Completed by: 15 June 2015	<p>The unused intra-oral x-ray unit should be removed from the decontamination room.</p> <p>The cause of damp at the window and wall of the decontamination room should be investigated and made right.</p> <p>The window sill behind and below the level of the cabinetry should be maintained clean.</p> <p>Adequate ventilation should be provided in the decontamination room including extract ventilation and the provision of make-up air, which meets HTM 01-05 and reduces the risk of damp.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All requirements actioned except window sill restoration as this is part of painting and decoration which is to be completed after flooring.</p>

Requirement 3 Ref: Regulation 15 (2) Stated: First time To be Completed by: 15 June 2015	<p>Periodic tests for the washer disinfectant, ultrasonic cleaner and steriliser must be undertaken and recorded in equipment logbooks in keeping with HTM 01-05.</p> <p>Decontamination equipment faults should be fixed within a reasonable timescale.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All requirements actioned as requested.</p>		
Recommendations carried forward from 13 April 2015			
Recommendation 1 Ref: Standard 13 Stated: Second time To be Completed by: 15 June 2015	<p>Blank off the overflow of the hand wash basin in the decontamination room using a stainless steel plate and sealing it with anti-bacterial mastic.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All requirements actioned as requested.</p>		
Registered Manager Completing QIP	WinifredMcLaughlin	Date Completed	10/06/2015
Registered Person Approving QIP	WinifredMcLaughlin	Date Approved	10/06/2015
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	16.6.15

Quality Improvement Plan for Review at Next Annual Announced Inspection	
Statutory Requirements	
Requirement 1 Ref: Regulation 17 (1) (2) (3) Stated: First time To be Completed by: 15 July 2015	<p>The registered person must:</p> <p>Introduce a more formalised approach to patient consultation.</p> <p>Ensure patient consultation is carried out at least on an annual basis.</p> <p>Ensure that the findings of the patient satisfaction questionnaires are collated and a summary report prepared. The summary report should be made available to patients.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>A strategy of periodically issuing patients with questionnaires as they report for appointments has been introduced; the findings collated and a report will be finalised.</p>
Requirement 2 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be Completed by: 15 July 2015	<p>The registered person must ensure that AccessNI enhanced disclosure checks are obtained in respect of the two staff recruited since registration with RQIA.</p> <p>The registered person must ensure that enhanced AccessNI checks are undertaken and received for any new staff prior to them commencing work in the practice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>This is in progress.</p>
Recommendations	
Recommendation 1 Ref: Standard 13 Stated: Second time To be Completed by: 13 May 2015	<p>Ms McLaughlin should identify the type and dilution rate of the solution to be used in the event of a blood/bodily fluid spillage.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Recommendation actioned.</p>

Recommendation 2 Ref: Standard 13 Stated: Second time To be Completed by: 15 July 2015	<p>The cleaner should be is provided with a protocol for the cleaning arrangements in the practice including the colour coding to be used.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Requirement actioned fully.</p>
Recommendation 3 Ref: Standard 13 Stated: Second time To be Completed by: 15 July 2015	<p>Within the dental surgery:</p> <p>Arrangements should be made to relocate the trolley in the surgery containing equipment or to store the equipment in closed cupboards to ensure surfaces in the surgery can be effectively cleaned/disinfected between each patient.</p> <p>The enamel of the dental unit tray should be re-skinned.</p> <p>Worktops should be sealed at the wall and splash backs provided at sinks.</p> <p>The tear in the fabric of the dental chair should be made good.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Trollies have been removed+worktops sealed-the other items are work in progress.</p>
Recommendation 4 Ref: Standard 13 Stated: Second time To be Completed by: 15 July 2015	<p>Blank off the overflow of the hand wash basin in the decontamination room using a stainless steel plate and sealing it with anti-bacterial mastic.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Requirement actioned fully.</p>
Recommendation 5 Ref: Standard 13 Stated: Second time To be Completed by: 15 July 2015	<p>Portals should be provided for the washer disinfectors to enable efficient cleaning of dental handpieces.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Work In Progress</p>

Recommendation 6 Ref: Standard 12.4 Stated: First time To be Completed by: 13 May 2015	<p>It is recommended that a revised expiry date of 18 months from the date of receipt of the Glucagon medication is recorded on the medication packaging and monitoring checklist.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Recommendation actioned</p>
Recommendation 7 Ref: Standard 12.1 Stated: First time To be Completed by: 15 July 2015	<p>It is recommended to:</p> <p>Develop an overarching policy for the management of medical emergencies reflecting best practice guidance.</p> <p>Develop protocols outlining the local procedure for dealing with the following medical emergencies - anaphylaxis, asthma, epileptic seizure, hypoglycaemia and syncope.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Requirements actioned.</p>
Recommendation 8 Ref: Standard 11 Stated: First time To be Completed by: 15 July 2015	<p>It is recommended that a recruitment policy and procedures should be developed reflecting best practice guidance. This should include the procedure in regards to obtaining enhanced AccessNI checks.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>WorkInProgress</p>
Recommendation 9 Ref: Standard 11 Stated: First time To be Completed by: 15 July 2015	<p>It is recommended that staff personnel files for any newly recruited staff should contain the following:</p> <ul style="list-style-type: none"> • positive proof of identity, including a recent photograph; • details of the enhanced AccessNI disclosure • two written references, one of which should be from the current/most recent employer; • details of a full employment history, including an explanation of any gaps in employment; • documentary evidence of qualifications, where applicable; • evidence of current GDC registration, where applicable; • criminal conviction declaration on application; • confirmation that the person is physically and mentally fit to fulfil their duties; • evidence of professional indemnity insurance, where applicable; • copy of job description and contract of employment.

	It is recommended that positive proof of identity, including a recent photograph should be obtained in respect of staff employed since registration of the practice with RQIA.		
	Response by Registered Person(s) Detailing the Actions Taken: WorkInProgress		
Recommendation 10 Ref: Standard 11 Stated: First time To be Completed by: 15 July 2015	It is recommended that staff employed in the practice should be issued with job descriptions and contracts of employment.		
	Response by Registered Person(s) Detailing the Actions Taken: REquirementsActioned		
Recommendation 11 Ref: Standard 11 Stated: First time To be Completed by: 15 July 2015	It is recommended that a staff register should be developed and retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.		
	Response by Registered Person(s) Detailing the Actions Taken: WorkInProgress		
Recommendation 12 Ref: Standard 11 Stated: First time To be Completed by: Prior to new staff commencing work in the practice	It is recommended that induction programme recording templates are developed relevant to the specific role for any newly recruited staff.		
	Response by Registered Person(s) Detailing the Actions Taken: WorkInProgress		
Registered Manager Completing QIP	WinifredMcLaughlin	Date Completed	11/06/2015
Registered Person Approving QIP	WinifredMcLaughlin	Date Approved	11/06/2015
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	16.6.15

Please ensure the QIP is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address

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