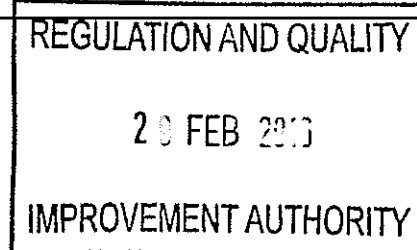


The Regulation and
Quality Improvement
Authority

Belvoir Dental Care
RQIA ID: 11390
1A Drumart Square
Belvoir Park
Belfast
BT8 7EY

Inspector: Carmel McKeegan
Inspection ID: IN021363

Tel: 028 90 491800



**Announced Care Inspection
of
Belvoir Dental Care
3 September 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 3 September 2015 from 10.30 to 12.00.

Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. 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) Regulations (Northern Ireland) 2011, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 7 May 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 3 |

The details of the QIP within this report were discussed with Miss Lillian Armstrong, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

| | |
|--|---|
| Registered Organisation/Registered Person: Miss Lillian Armstrong | Registered Manager: Mr James Byrne |
| Person in Charge of the Practice at the Time of Inspection: Miss Lillian Armstrong | Date Manager Registered: 11 July 2013 |
| Categories of Care: Independent Hospital (IH) – Dental Treatment | Number of Registered Dental Chairs: 2 |

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:

The following records were analysed: staffing information, patient consultation report and complaints declaration.

During the inspection the inspector met with Miss Armstrong, registered person and two dental nurses.

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

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 7 May 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 7 May 2014

| Last Inspection Statutory Requirements | | Validation of Compliance |
|--|---|--------------------------|
| Requirement 1 Ref: Regulation 15 (3) Stated: First time | Ensure that the printer facility of the steriliser is repaired so that accurate records of each cycle of the steriliser can be retained for at least two years. | Met |
| | Action taken as confirmed during the inspection: Discussion with dental nurses and observation of the steriliser log book confirmed that the printer facility is operational and records are retained as recommended. | |
| Last Inspection Recommendations | | Validation of Compliance |
| Recommendation 1 Ref: Standard 13 Stated: Second time | Establish arrangements to ensure the data loggers for the DAC Universal and washer disinfecter are downloaded at least on a monthly basis and records retained for at least two years. | Met |
| | Action taken as confirmed during the inspection: Discussion with dental nurses and observations made confirmed that data loggers are down loaded at least monthly and records are retained as recommended. | |
| Recommendation 2 Ref: Standard 13 Stated: First time | A daily automatic control test (ACT) should be undertaken and recorded for the DAC Universal. | Met |
| | Action taken as confirmed during the inspection: Discussion with dental nurses and review of the DAC Universal log book confirmed that the daily ACT is undertaken and records are retained as recommended. | |

| | | |
|--|---|-------------------|
| <p>Recommendation 3</p> <p>Ref: Standard 13 Stated: Second time</p> | <p>Ensure a daily ACT test is undertaken and recorded in the steriliser logbook.</p> <p>Action taken as confirmed during the inspection: Discussion with dental nurses and review of the steriliser log book confirmed that the daily ACT is undertaken and records are retained as recommended.</p> | <p>Met</p> |
| <p>Recommendation 4</p> <p>Ref: Standard 13 Stated: First time</p> | <p>Cabinetry should be sealed where it meets the flooring in Miss Armstrong's surgery</p> <p>Action taken as confirmed during the inspection: Observation of the identified area, confirmed that the cabinetry has been sealed where it meets the flooring.</p> | <p>Met</p> |
| <p>Recommendation 5</p> <p>Ref: Standard 13 Stated: First time</p> | <p>The overflows in the stainless steel wash hand basins in dental surgeries should be blanked off with a stainless steel plate sealed with antibacterial mastic.</p> <p>Action taken as confirmed during the inspection: It was observed that dedicated hand washing basins overflows were sealed with mastic. It was noted that due to a protrusion integral to the design of the basin in the middle of the overflow, it is not possible to successfully blank off the overflow with a stainless steel plate.</p> <p>It is accepted that efforts have been made to address this recommendation; however, due to the design of the basins this has not been possible. It was suggested that clinical hand washing basins in keeping with HTM 01-05 are provided in relevant surgeries on the next refurbishment.</p> | <p>Met</p> |
| <p>Recommendation 6</p> <p>Ref: Standard 13 Stated: First time</p> | <p>Clinical waste bins should be pedal operated.</p> <p>Action taken as confirmed during the inspection: Pedal operated clinical waste bins were provided in the practice.</p> | <p>Met</p> |

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|---|---|------------|
| Recommendation 7 Ref: Standard 13 Stated: First time | Purple lidded sharps boxes should be provided for the disposal of pharmaceutical waste. | Met |
| | Action taken as confirmed during the inspection: Purple lidded sharps boxes were observed in the dental practice. | |

5.3 Medical and other emergencies

Is Care Safe?

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 the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with staff 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). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of a self-inflating bag with reservoir suitable for a child. Oropharyngeal airways were in place however these items had exceeded their expiry date. Miss Armstrong stated that the emergency equipment is provided under contract and checked annually by the supplier and expressed disappointment that the supplier had not provided the correct emergency equipment for the practice. Miss Armstrong confirmed that this would be addressed with the supplier.

Miss Armstrong confirmed that the practice does not have an automated external defibrillator (AED) or any formal arrangements to get access to an AED within close proximity to the practice.

A robust system is in place to ensure that emergency medicines do not exceed their expiry date. Miss Armstrong confirmed that all emergency equipment would be included in future monthly checks. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

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

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

Is Care Effective?

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

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 practice policies and procedures.

Discussion with staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection the arrangements for managing a medical emergency were found to be 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 staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

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

Areas for Improvement

A self-inflating bag with reservoir suitable for a child should be provided and the expired oropharyngeal airways should be replaced in sizes as recommended by the Resuscitation Council (UK) guidelines.

Advice and guidance should be sought from the practice medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 2 |
|--------------------------------|----------|-----------------------------------|----------|

5.4 Recruitment and selection**Is Care Safe?**

Discussion with Miss Armstrong and staff confirmed that a recruitment and selection policy and procedure had not yet been developed. The inspector discussed Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, which states the information required in respect of employees and advised that a recruitment and selection policy should reflect the information contained therein.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. However, Miss Armstrong confirmed on discussion that the following information would be retained in the event of any new staff being recruited:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to commencement of employment;
- two written references;
- details of 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; and
- evidence of professional indemnity insurance, where applicable.

Miss Armstrong was directed to the Labour Relations Agency and the Equality NI websites for advice and support.

A staff register was 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.

Miss Armstrong confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of a sample of records demonstrated that the appropriate indemnity cover is in place.

On the day of the inspection recruitment and selection procedures were found to be safe.

Is Care Effective?

As previously stated a recruitment and selection procedure needs to be developed which complies with all relevant legislation and includes checking procedures to ensure qualifications, registrations and references are bona fide.

Induction programme templates are in place relevant to specific roles within the practice. Discussion with Miss Armstrong and staff confirmed that procedures are in place to ensure that new staff who join the practice will be mentored and complete an induction programme suitable to their role and responsibilities.

Discussion with two dental nurses confirmed that they have been provided with a job description, contract of employment and have received induction training when they commenced work in the practice.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

On the day of the inspection it was identified that some improvement is needed to ensure that recruitment and selection procedures are effective.

Is Care Compassionate?

As previously stated recruitment and selection procedures need to be developed to fully reflect all relevant legislation.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. Miss Armstrong is aware of the need to undertake and receive enhanced AccessNI checks prior to new staff commencing work.

Discussion with staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

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

On the day of the inspection recruitment and selection procedures were found to be compassionate.

Areas for Improvement

Recruitment and selection procedures should be developed to reflect best practice.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 1 |
|--------------------------------|----------|-----------------------------------|----------|

5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Miss Armstrong, registered person and two dental nurses. 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 staff evidenced that they were provided with a job description and contract of employment/agreement on commencing work in the practice. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff 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 RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 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 RQIA to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

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.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Armstrong, registered person, 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/s may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to RQIA's office 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 | |
|--|--|
| Recommendations | |
| Recommendation 1 Ref: Standard 12.4 Stated: First time To be Completed by: 3 November 2015 | <p>It is recommended that, in keeping with the Resuscitation Council (UK) Guidance, a self-inflating bag with reservoir suitable for a child should be provided and oropharyngeal always that have exceeded expiry dates should be replaced.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>ADDRESSED.</p> |
| Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 3 November 2015 | <p>It is recommended that advice and guidance should be 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>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Arrangement made with neighbouring MEDICAL PRACTICE which holds AED.</p> |
| Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 3 November 2015 | <p>It is recommended that a recruitment and selection policy and procedure is developed to reflect best practice guidance to include;</p> <ul style="list-style-type: none"> • the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; references; employment history; Access NI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies and a criminal conviction declaration by the applicant. <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>ADDRESSED - NEW POLICY COMPILED.</p> |

| | | | |
|-----------------------------------|------------|----------------|----------|
| Registered Manager Completing QIP | [Redacted] | Date Completed | |
| Registered Person Approving QIP | [Redacted] | Date Approved | |
| RQIA Inspector Assessing Response | CM Keegan | Date Approved | 29.2.16. |

**Please ensure the QIP is completed in full and returned to RQIA's office*

DUPLICATE - ORIGINAL SUBMITTED Nov '2015

