



The Regulation and
Quality Improvement
Authority

Forthill Dental Practice
RQIA ID: 11504
54 Forthill Street
Enniskillen
BT74 6AJ

Inspector: Stephen O'Connor
Inspection ID: IN023382

Tel: 028 6632 8333

**Announced Care Inspection
of
Forthill Dental Practice**

22 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 22 October 2015 from 09:50 to 11:40. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. It was identified that improvement is needed for the management of recruitment and selection to be safe, effective and compassionate in regards to AccessNI checks. This issue had been identified during the previous inspection and the requirement has been stated for the second time and is 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 18 November 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	1	0

The details of the QIP within this report were discussed with Mr John Magee, 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: Mr John Magee	Registered Manager: Mr John Magee
Person in Charge of the Practice at the Time of Inspection: Mr John Magee	Date Manager Registered: 07 October 2011
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:

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

During the inspection the inspector met with Mr John Magee, registered person, an associate dentist and a dental nurse/receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment and three 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 18 November 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 18 November 2014

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p>	<p>Enhanced AccessNI checks must be carried out in respect of the identified staff and for any new staff prior to them commencing work in the practice.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of documentation demonstrated that enhanced AccessNI checks were received for the staff members identified during the previous inspection. It was identified that one member of staff has commenced work since the previous inspection. An AccessNI check in respect of this staff member was not received until after they commenced work. Additional information in this regard can be found in section 5.4 of this report.</p> <p>This requirement has not been fully addressed and the unaddressed component has been stated for a second and final time.</p>	<p>Partially Met</p>
Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Replace the light pull cord in the toilet facility which has become grubby and maintain it clean.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was observed that the light pull cord in the toilet facility has been replaced and Mr Magee confirmed that it will be maintained clean.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The uneven jointed areas of work surfaces in both surgeries and the rusted area on the overhead light retainer in surgery two should be made good.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was observed that the uneven jointed areas of work surfaces have been effectively sealed and that the rusted area on the overhead light retainer in surgery two has been effectively sealed with a white plastic barrier that can be easily cleaned.</p>	<p>Met</p>

<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The tiled splash back above the work top in the decontamination room should be removed and a suitable splash back provided or the tiles should be cladded over.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was observed that the tiled splash back in the decontamination room has been removed. A PVC splash back that can be easily cleaned has been installed.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>A refurbishment plan should be established to refurbish/repair the covering of both dental chairs.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The dental chair in surgery two has been reupholstered. A small tear in the arm of the dental chair in surgery one has been effectively sealed. Mr Magee confirmed that he will keep the coverings of both dental chairs under review and address any issues identified.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The flooring of the decontamination room and surgery one is tiled. Consideration should be given to replacement of the tiled flooring in the decontamination room and surgery one. In the interim, grouting should be sealed to ensure the flooring is impervious</p> <p>The flooring in surgery two should be sealed at the edges and where cabinetry meets the flooring.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Mr Magee confirmed that the grouting in the tiled floors in surgery one and the decontamination room have been sealed and that the grout is now impervious. Mr Magee also confirmed that he has no immediate plans to replace the tiled floors. However, if damage is noted or when these areas are due refurbishment the floors will be replaced with flooring in keeping with HTM 01-05.</p> <p>It was observed that the flooring in surgery two has been sealed at the edges where cabinetry meets the flooring.</p>	<p>Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The overflows of the dedicated hand washing basins in surgeries should be blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <hr/> <p>Action taken as confirmed during the inspection: It was observed that the overflows in the dedicated stainless steel hand washing basins in both surgeries have been blanked off as recommended.</p>	<p>Met</p>
<p>Recommendation 7</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Audits of HTM 01-05 should be completed six monthly and an action plan generated to ensure compliance with HTM 01-05.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of documentation and discussion with Mr Magee demonstrated that the most recent audit of HTM 01-05 was completed during July 2015. Mr Magee confirmed that issues identified have been addressed and that the audit will be completed every six months in keeping with best practice guidance.</p>	<p>Met</p>

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Magee and 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 Mr Magee and staff demonstrated 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 the format of buccal Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). Mr Magee was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with the HSCB. It was also observed that Glucagon was stored at room temperature. However, a revised expiry date had not been recorded on the medication packaging to reflect that the cold chain had been broken. Mr Magee was advised that Glucagon can be stored at room temperature for up to 18 months within the manufacturer's expiry date. The date the cold chain was broken was established and a revised expiry date was recorded on the

medication packaging and expiry date checklist. 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 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 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 Mr Magee and 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 Mr Magee and staff demonstrated 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

No areas for improvement were identified during the inspection.

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

Is Care Safe?

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

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

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received;
- 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.

The arrangements for AccessNI checks were reviewed. As discussed previously in section 5.2 of this report it was identified during the previous inspection that the practice had not undertaken and received AccessNI checks for two staff recruited since registration with RQIA. Review of documentation demonstrated that following the previous inspection AccessNI checks were undertaken and received for these two staff members. However, it was identified that the AccessNI check for a staff member recruited since the previous inspection was not received until after they commenced work.

A staff register was retained containing staff details including, name, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. The staff register was amended during the inspection to include dates of birth. Mr Magee is aware that the staff register is a live document and should be kept up-to-date.

Mr Magee 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 it was identified that some improvement is needed to ensure recruitment and selection procedures are safe.

Is Care Effective?

In the main, the dental service's recruitment and selection procedures comply with relevant legislation including checks to ensure qualifications, registrations and references are bona fide. As discussed previously further development is necessary to ensure AccessNI checks are received prior to any new staff commencing work.

Three personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. A sample of three evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr Magee confirmed that staff have been provided with a job description, contract of employment/agreement 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 recruitment and selection procedures are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated further development is needed to reflect good practice in line with legislative requirements.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As previously stated, the AccessNI check for the staff member recruited since the previous inspection was received after they commenced work. The importance of obtaining enhanced AccessNI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice, was discussed with Mr Magee.

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

Enhanced AccessNI checks must be carried out for any new staff prior to commencing work in the practice.

Number of Requirements:	1	Number of Recommendations:	0
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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 Mr Magee, registered person, an associate dentist and a dental nurse/receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Five were returned to RQIA within the timescale required.

Review of submitted questionnaires and 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 issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mr Magee, 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 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 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 with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Enhanced AccessNI checks must be carried out for any new staff prior to them commencing work in the practice.

Ref: Regulation 19 (2)
Schedule 2

Stated: Second

To be Completed by:
22 October 2015

Response by Registered Person Detailing the Actions Taken:

Enhanced NI checks will be carried out for any new staff prior to starting employment at Forthill Dental Practice in the future.

Registered Manager Completing QIP	John P Magee	Date Completed	29/10/2015
Registered Person Approving QIP	John P Magee	Date Approved	29/10/2015
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	30/10/2015

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