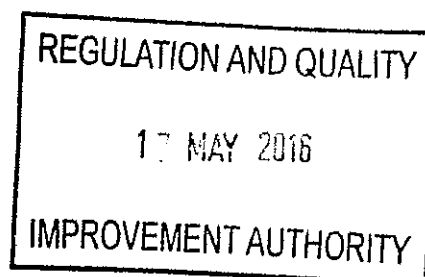


The Regulation and
Quality Improvement
Authority

Harper Dental Care
RQIA ID: 11529
22 North Street
Carrickfergus
BT38 7AQ

Inspector: Carmel McKeegan
Inspection ID: IN024007

Tel: 028 93351418



**Announced Care Inspection
of
Harper Dental Care**

24 March 2016

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 24 March 2016 from 10.30 to 12.00. On the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. Some outstanding issues from the previous inspection 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) 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 16 October 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	4

The details of the QIP within this report were discussed with Mr Neil Harper, registered person and the practice manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Neil Harper	Registered Manager: Mr Neil Harper
Person in Charge of the Practice at the Time of Inspection: Mr Neil Harper	Date Manager Registered: 8 February 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:

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

During the inspection the inspector met with Mr Harper, registered person, the practice manager and a dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, job descriptions, contracts of employment and the arrangements to review 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 estates inspection dated 11 May 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 16 October 2014

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 25 (3)</p> <p>Stated: Third time</p>	<p>The actions identified as part of the fire risk assessment must be implemented to ensure the risk is reduced to a tolerable level.</p> <p>Mr Harper must keep RQIA informed of the outcome of his discussion with the fire risk assessor and the revisions, if any, made to the fire risk assessment. This information should be submitted to RQIA within three months of the date of this inspection and confirmation must be provided that the recommendations made have been addressed.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>Mr Harper did not keep RQIA informed of the outcome of his discussion with the fire risk assessor or submit the required information within the three months' timescale agreed. As a result, an estates inspection was requested for review and follow-up of the fire safety issues in this practice. An estates inspection was carried out on 11 May 2015.</p> <p>During the estates inspection on 11 May 2015 it was noted that a new fire risk assessment was completed for the premises on 08/09 December 2014. The report for this fire risk assessment assessed the overall risk from fire in the premises as tolerable. The care inspection requirement has therefore been addressed.</p> <p>It was observed during this inspection that a Fire Log Book was available which evidenced that the following:</p> <ul style="list-style-type: none"> • the smoke alarm was tested weekly • emergency lighting was tested annually • firefighting equipment was serviced annually • staff have attended fire awareness training. <p>Discussion with Mr Harper and the practice manager confirmed they are aware of their responsibilities in relation to fire prevention and safety.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 15 (7)</p> <p>Stated: First time</p>	<p>The Infection Prevention Society (IPS) HTM 01-05 (2013 edition) audit tool which has been endorsed by the Department of Health should be completed and a subsequent action plan generated from any identified deficits.</p> <p>Audits should be completed on a six monthly basis.</p> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with Mr Harper and the practice manager revealed that the IPS audit had not been undertaken, and stated they were unclear what this was. The previous care inspection report dated 16 October 2014, states that the inspector emailed a copy of the IPS audit tool to the practice following the inspection. Further advice was provided and</p>	<p>Partially met</p>

	<p>the IPS (2013 edition) audit tool was completed by Mr Harper and staff during this inspection.</p> <p>This requirement has been partially met.</p> <p>It is recommended that an action plan is developed to progress compliance with HTM 01-05 and that the audit tool is completed six monthly</p>	
Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p>	<p>The recommendations made as a result of the legionella risk assessment should be addressed.</p> <p>Mr Harper should review the legionella risk assessment and ensure that the management of dental unit water lines (DUWLs) is included in the assessment.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The legionella risk assessment has been reviewed to include the management of DUWLs.</p> <p>A record of monthly monitoring of hot and cold sentinel water temperatures was retained and available for inspection.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Records should be retained regarding the Hepatitis B immunisation status of all clinical staff.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of relevant records confirmed that the Hepatitis B immunisation status of all clinical staff is retained in the practice.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Sharps boxes should be signed and dated on assembly.</p> <p>Purple lidded sharps boxes should be provided and used for the disposal of pharmaceutical sharps waste.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Observation of the sharps containers provided in the practice confirmed that sharps containers were signed and dated on assembly and were provided</p>	<p>Met</p>

	in accordance with PEL (13)14 issued by the Department of Health on 18 October 2013.	
Recommendation 4	Replace the light pull cord in the toilet facility, which was grubby, and maintain it clean.	Met
Ref: Standard 13 Stated: First time	Action taken as confirmed during the inspection: Observation of the patient toilet facility confirmed that the light pull cord had been replaced and provided with a cleanable covering.	
Recommendation 5	Establish a refurbishment programme to: <ul style="list-style-type: none"> • replace the flooring in Mr Harper's surgery which should be coved at the edges and sealed where cabinetry meets the flooring • replace/clad over the wallpapered areas in the decontamination room 	Partially Met
Ref: Standard 13 Stated: First time	Action taken as confirmed during the inspection: Observation confirmed that new linoleum floor covering had been provided in Mr Harper's surgery. The linoleum had been coved upwards to the skirting boards but had not been sealed at the edges to prevent the accumulation of dust/dirt. This aspect of the recommendation is stated for a second time. The walls of the decontamination room were unchanged and the wall paper on the ceiling in the decontamination room was separating at the edges and starting to come away from the ceiling. Mr Harper and the practice manager stated that the wall paper had been painted with moisture resistant paint, however this is not compliant with HTM 01-05. Further advice was provided and this element of the recommendation is now stated as a requirement.	
Recommendation 6	Separate colour coded mops should be provided for general areas and the toilet facility.	Met
Ref: Standard 13 Stated: First time	Action taken as confirmed during the inspection: Separate colour coded mops were provided as recommended.	

<p>Recommendation 7</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The overflows of stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <p>Plugs should be removed from dedicated hand washing basins.</p> <p>Action taken as confirmed during the inspection: Observation of stainless steel hand washing basins confirmed that the overflows had been blanked off and plugs removed as recommended.</p>	<p>Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The fabric hand towel in the toilet facility should be removed and disposable hand towels provided.</p> <p>Action taken as confirmed during the inspection: The patient toilet facility provided a wall mounted disposable paper towels dispenser which contained paper towels.</p>	<p>Met</p>
<p>Recommendation 9</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The clinical waste bin in the store room should be pedal operated.</p> <p>Action taken as confirmed during the inspection: A pedal operated clinical waste bin was provided in the store room.</p>	<p>Met</p>
<p>Recommendation 10</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>A logbook should be established for the steriliser and periodic tests in keeping with HTM 01-05 should be undertaken and recorded.</p> <p>Action taken as confirmed during the inspection: The practice has one non-vacuum steam steriliser. A dedicated pre-printed steriliser logbook was available which recorded details of the daily automatic control test up to 21 December 2015 when the log book finished.</p> <p>Mr Harper and the practice manager confirmed that the cycle parameters are recorded using an automatic data logger and are manually recorded.</p> <p>Mr Harper and the practice manager stated that the new logbook must have been inadvertently taken home by Mr Harper.</p>	<p>Partially Met</p>

	As records were not available to verify that periodic testing has been undertaken for the steriliser from 21 December 2015 this recommendation is assessed as partially met and is stated for a second time.	
Recommendation 11	A copy of the 2013 edition of HTM 01-05 Decontamination in primary dental care practices should be made available at the practice for staff reference.	Met
Ref: Standard 13 Stated: First time	Action taken as confirmed during the inspection: A copy of the 2013 edition of HTM 01-05 Decontamination in primary dental care practices was available in the practice for staff reference.	

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Mr Harper and the practice manager 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 Harper and 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). However, it was noted that Glucagon medication was not stored in the fridge and a revised expiry date had not been recorded on the packaging to reflect this. Mr Harper and the practice manager were advised that if Glucagon is stored out of a fridge a revised expiry date of 18 months from the date of receipt of the medication should be marked on the medication packaging and expiry date checklist to reflect that the cold chain has been broken. On the day of the inspection a revised expiry date was marked on the Glucagon medication packaging and the expiry date checklist. It was also observed that adrenaline, held in the form of an Epipen was only available in a junior dose, no adult Epipen was available. Mr Harper and the practice manager confirmed during the inspection that the Epipen adult would be ordered that day. The practice manager confirmed by telephone on the 18 April 2016 that the Epipen in adult dose was provided in the practice.

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 use with a child, it was also noted that some of the oropharyngeal airways retained had exceeded their manufacturer's expiry dates. On 13 April 2016 the practice manager confirmed by telephone that these items were on order for the practice. Mr Harper and the practice manager confirmed that emergency equipment items would be included in the monthly checking procedures.

Mr Harper and the practice manager confirmed that although an AED is not available in the practice an AED is available in the local fire station which is located in close proximity to the dental practice.

A system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. Mr Harper is the identified individual within the practice with responsibility for checking emergency medicines and equipment. Mr Harper confirmed that he would review the robustness of the present system.

Discussion with Mr Harper, the practice manager 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 areas for improvement were identified, addressed and 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 Harper 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 Harper and 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 Mr Harper and 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

Areas for improvement were identified and addressed 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.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. However, the practice manager 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
- confirmation that the person is physically and mentally fit to fulfil their duties and
- evidence of professional indemnity insurance, where applicable

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.

Mr Harper and the practice manager 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?

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

Mr Harper and the practice manager confirmed that any new staff member would be provided with a contract of employment/agreement and job description.

Induction programme templates are available relevant to specific roles within the practice. Mr Harper and the practice manager confirmed that an induction programme would be completed when a new staff member joined the practice.

Discussion with staff confirmed that they 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 recruitment and selection procedures were found to be effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated 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.

Discussion with Mr Harper and 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 Mr Harper and 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

No areas for improvement were identified during the inspection.

Number of Requirements:	0	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 Harper, registered person, the practice manager and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two 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 had not been submitted to RQIA prior to the inspection as requested and was discussed with Mr Harper and the practice manager. The practice manager stated that completed questionnaires had been returned from patients for the most recent patient consultation process, however these had not yet been collated into a summative report. It is recommended that a copy of the most recent patient consultation summative report is provided to RQIA with the QIP.

Areas for Improvement

A copy of the patient consultation summative report should be provided to RQIA.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Harper, registered person and the practice manager 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 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	
Requirements	
Requirement 1 Ref: 15 (7) Stated: First Time To be Completed by: 24 June 2016	Establish a refurbishment programme to replace/clad over the wallpapered areas in the decontamination room, including the ceiling. Response by Registered Person(s) Detailing the Actions Taken: <i>Obtaining advice re suitable material from tradesman.</i>
Recommendations	
Recommendation 1 Ref: Standard 13 Stated: First time To be Completed by: 24 April 2016	An action plan should be developed to progress compliance with HTM 01-05 and that the audit tool is completed six monthly. Response by Registered Person(s) Detailing the Actions Taken: <i>addressed.</i>
Recommendation 2 Ref: Standard 13 Stated: Second time To be Completed by: 24 June 2016	Establish a refurbishment programme to ensure the new linoleum floor covering in Mr Harper's surgery is sealed at the edges and where cabinetry meets the flooring. Response by Registered Person(s) Detailing the Actions Taken: <i>Tradesman consulted to return & finish</i>
Recommendation 3 Ref: Standard 13 Stated: Second time To be Completed by: 24 March 2016	A logbook should be established for the steriliser and periodic tests in keeping with HTM 01-05 should be undertaken and recorded. Response by Registered Person(s) Detailing the Actions Taken: <i>addressed</i>
Recommendation 4 Ref: Standard 9 Stated: First time To be Completed by: 24 May 2016	A copy of the most recent patient consultation summative report should be provided to RQIA along with the completed QIP. Response by Registered Person(s) Detailing the Actions Taken: <i>Enclosed</i>

Registered Manager Completing QIP	<i>W. Hayer</i>	Date Completed	<i>16.6.16</i>
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	<i>P. McKeegan</i>	Date Approved	<i>13.6.16</i>

Please ensure this document is completed in full and returned to RQIA's office from the authorised email address