



The Regulation and
Quality Improvement
Authority

Livingston Dental Healthcare Ltd
RQIA ID: 11568
38 Hamilton Road
Bangor
BT20 4LE

Inspector: Emily Campbell
Inspection ID: 22874

Tel: 028 9145 4590

**Announced Care Inspection
of
Livingston Dental Healthcare Ltd**

8 July 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 8 July 2015 from 9.50 to 11.50. Overall on the day of the inspection the management of medical emergencies was generally found to be safe, effective and compassionate. Improvements in recruitment and selection are necessary in order for care to be safe, effective and compassionate. Some outstanding issues from the previous inspection also need to be addressed and the frequency of patient consultation should be increased. 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 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	2	5

The details of the QIP within this report were discussed with Mr Livingston, 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: Livingston Dental Healthcare Ltd Mr Edmund Livingston	Registered Manager: Mr Edmund Livingston
Person in Charge of the Practice at the Time of Inspection: Mr Edmund Livingston	Date Manager Registered: 7 July 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3

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 Livingston, two dental nurses and 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 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
Requirement 1 Ref: Regulation 15(3) Stated: First time	<p>Periodic testing of all decontamination equipment must be undertaken as outlined in HTM 01-05 and recorded in separate logbooks.</p> <p>The issues in relation to periodic testing outlined in the main body of the report must be addressed which includes that all staff are familiar with undertaking and recording periodic testing.</p> <p>Ref: 10.7</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of periodic test records for decontamination equipment identified that improvement has been made in relation to the recording of periodic tests and that all relevant staff are undertaking the tests, however, further improvement is required. The following was identified:</p> <ul style="list-style-type: none"> • Distinct separate logbooks have not been established for each piece of decontamination equipment. Separate periodic tests sheets are available for each machine and these identify the type and serial number of machine and are retained in sections of a periodic tests file. Only one fault record is available for all machines; the lead decontamination nurse confirmed that there have been no faults since the previous inspection. • DAC Universal - The periodic test records do not include the daily automatic control test (ACT) or a weekly protein residue test. The lead decontamination nurse confirmed these are not undertaken. • Non-vacuum steriliser – The only test being recorded is the ACT although the lead decontamination nurse advised that all appropriate periodic tests are undertaken. The template in use does not facilitate the recording of the other tests. 	

- Vacuum steriliser – All periodic tests are undertaken and recorded in keeping with HTM 01-05. The test record template used for this steriliser details all of the relevant tests to be recorded.
- Washer disinfectant – The daily visual cleaning efficacy test and the monthly soil tests are not included in the periodic test sheet templates; the lead decontamination nurse confirmed that these are undertaken.

The inspector discussed these matters with Mr Livingston and advised that distinct separate logbooks should be established for each machine which will provide a complete history of the machine. All periodic tests as outlined in HTM 01-05 should be included in test sheet templates and tests undertaken and recorded. The inspector suggested that the use of pre-printed logbooks for the sterilisers and washer disinfectant may be of benefit to ensure all appropriate tests are recorded. The logbook for the DAC Universal should contain a combination of both the steriliser and washer disinfectant periodic tests. Mr Livingston confirmed that he would order pre-printed logbooks.

This requirement has been partially addressed and a requirement is stated for the second time in relation to the unaddressed matters as follows:

- Distinct separate logbooks should be established for each piece of decontamination equipment.
- A separate fault log should be available for each piece of equipment.
- A daily ACT and weekly protein residue test should be undertaken and recorded for the DAC Universal.
- All periodic tests as outlined in HTM 01-05 for a steriliser should be recorded in respect of the non-vacuum steriliser.
- The daily visual cleaning efficacy test and the monthly soil tests should be recorded in respect of the washer disinfectant.

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Remove the plugs and cover the overflows with a stainless steel plate sealed with anti-bacterial mastic on the identified hand washing basins. Ref: 10.3	Partially Met
	Action taken as confirmed during the inspection: Plugs have been removed from dedicated hand washing basins, however, overflows have not been blanked off. Mr Livingston advised that he has plans to address this matter in the near future. This recommendation has been partially addressed and the unaddressed aspect is stated for the second time.	

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 Mr Livingston 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. The oropharyngeal airways in the practice were not individually wrapped and no expiry dates were identified. This suggested that they have been in place for a considerable period of time and should be replaced. 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 Mr Livingston and 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 Mr Livingston 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 Livingston 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 Livingston 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

Oropharyngeal airways in sizes 0,1, 2, 3 and 4 should be provided.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Recruitment and Selection

Is Care Safe?

There was a recruitment policy available. However, this lacked detail and is in need of further development to ensure it reflects legislative and best practice guidance.

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

- evidence that an enhanced AccessNI check was received, however, this was after commencement of employment;
- details of full employment history, including an explanation of any gaps in employment in one file only;
- documentary evidence of qualifications, where applicable; and
- evidence of current GDC registration, where applicable.

The following information was not available in files reviewed:

- positive proof of identity, including a recent photograph;
- no written references. Mr Livingston advised that verbal references were taken in respect of one staff member and the other staff member was previously known to him;
- no criminal conviction declaration; and
- no confirmation that the person is physically and mentally fit to fulfil their duties.

Enhanced AccessNI checks were received after staff commenced work in the practice. Mr Livingston confirmed that he was aware that such checks would be obtained prior to any new staff commencing employment in the future. Information pertaining to enhanced AccessNI checks was retained in keeping with AccessNI's code of practice.

A staff register was retained containing staff details including, name, date of birth, position; date of commencement of employment; and details of professional qualifications and professional registration with the GDC, where applicable. The staff register was further developed during the inspection to include the date employment ceased. Mr Livingston is aware this is a live document which should be kept updated.

Mr Livingston 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 necessary to ensure that recruitment and selection procedures are safe.

Is Care Effective?

As discussed previously, the practice's recruitment and selection procedures need further development to ensure they comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Two 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 two evidenced that induction programmes are completed when new staff join the practice.

Discussion with two dental nurses and a receptionist 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 necessary to ensure that recruitment and selection procedures 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. As discussed enhanced AccessNI checks should be obtained prior to new staff commencing employment.

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 Mr Livingston 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

The recruitment policy should be further developed to ensure it reflects legislative and best practice guidance.

Enhanced AccessNI checks should be undertaken and received prior to any new staff commencing employment.

Information as detailed in regulation 19 (2) Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005 should be retained in staff personnel files.

Number of Requirements:	1	Number of Recommendations:	2
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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 Livingston, two dental nurses and a 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.

The following comment was provided in a submitted questionnaire:

- “Feel I’m a valued member of the dental team.”

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 evidence provided in the returned questionnaire and discussion with Mr Livingston indicated that complaints have been managed in accordance with best practice.

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. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

The most recent patient satisfaction survey was completed in 2012. A recommendation was made that that arrangements are established for patient satisfaction surveys to be completed at least on an annual basis.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Livingston, 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(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.

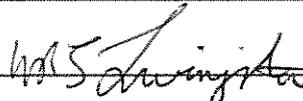
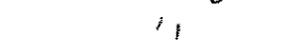
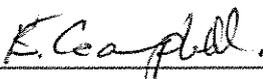
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Quality Improvement Plan

IMPROVEMENT AUTHORITY

Statutory Requirements

Requirement 1 Ref: Regulation 15 (3) Stated: Second time To be Completed by: 15 July 2015	<p>Periodic testing of all decontamination equipment must be undertaken as outlined in HTM 01-05 and recorded in separate logbooks. The following should be established:</p> <ul style="list-style-type: none"> • distinct separate logbooks should be established for each piece of decontamination equipment; • a separate fault log should be available for each piece of equipment; • a daily automatic control test (ACT) and weekly protein residue test should be undertaken and recorded for the DAC Universal; • all periodic tests as outlined in HTM 01-05 for a steriliser should be recorded in respect of the non-vacuum steriliser; and • the daily visual cleaning efficacy test and the monthly soil tests should be recorded in respect of the washer disinfectant. <p>Response by Registered Person Detailing the Actions Taken: LOG BOOKS HAVE BEEN PURCHASED AND ALL TESTS ARE NOW BEING RECORDED.</p>
Requirement 2 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be Completed by: 8 July 2015	<p>The registered person must ensure that Enhanced AccessNI checks are undertaken and received prior to any new staff commencing employment in the future.</p> <p>Response by Registered Person Detailing the Actions Taken: THIS WILL BE DONE FOR ALL FUTURE STAFF</p>
Recommendations	
Recommendation 1 Ref: Standard 13 Stated: Second time To be Completed by: 9 October 2015	<p>It is recommended to cover the overflows with a stainless steel plate sealed with anti-bacterial mastic on the identified hand washing basins.</p> <p>Response by Registered Person Detailing the Actions Taken: THESE HAVE BEEN ORDERED.</p>
Recommendation 2 Ref: Standard 12.4 Stated: First time	<p>It is recommended that oropharyngeal airways in sizes 0, 1, 2, 3 and 4 should be provided. These should be included in the monthly checking record.</p> <p>Response by Registered Person Detailing the Actions Taken:</p>

To be Completed by: 10 August 2015	<p>THESE HAVE BEEN PURCHASED AND INCLUDED IN MONTHLY CHECKS.</p>		
Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 9 October 2015	<p>It is recommended that the recruitment policy is further developed to ensure it reflects legislative and best practice guidance.</p> <p>Response by Registered Person Detailing the Actions Taken:</p> <p>RECRUITMENT POLICY HAS BEEN AMENDED.</p>		
Recommendation 4 Ref: Standard 11 Stated: First time To be Completed by: 8 July 2015	<p>It is recommended that information as detailed in regulation 19 (2) Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005 should be retained in staff personnel files to include the following:</p> <ul style="list-style-type: none"> • 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. <p>Response by Registered Person Detailing the Actions Taken:</p> <p>WILL BE DONE FOR FUTURE STAFF</p>		
Recommendation 5 Ref: Standard 9.4 Stated: First time To be Completed by: 9 October 2015	<p>It is recommended that arrangements are established for patient satisfaction surveys to be completed at least on an annual basis.</p> <p>Response by Registered Person Detailing the Actions Taken:</p> <p>TO BE CARRIED OUT ANNUALLY.</p>		
Registered Manager Completing QIP		Date Completed	29.7.15
Registered Person Approving QIP		Date Approved	29.7.15
RQIA Inspector Assessing Response		Date Approved	16.9.15.