

# Announced Care Inspection Report 28 September 2016



## McKeogh Dental Care

**Type of service: Independent Hospital (IH) – Dental Treatment**

**Address: 218 Main Street, Lisnaskea, BT92 0JG**

**Tel no: 028 6772 2292**

**Inspector: Norma Munn**

## 1.0 Summary

An announced inspection of McKeogh Dental Care took place on 28 September 2016 from 11:15 to 15:35.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Observations made, review of documentation and discussion with Mrs Una McKeogh and Mr Brendan McKeogh, registered persons, and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment.

During the inspection it was identified that one member of staff had commenced work prior to receipt of a satisfactory AccessNI enhanced disclosure check. RQIA were concerned that the safeguards, to protect and minimise risk to patients, during recruitment have been compromised. RQIA raised this matter during the previous inspection on 5 November 2015 and a requirement was made. Following consultation with senior management in RQIA, a serious concerns meeting was held at RQIA on 5 October 2016. At this meeting, Mrs McKeogh and Mr McKeogh provided an account of the actions taken to date, including the systems and processes implemented in order to avoid a reoccurrence and the arrangements made to ensure the minimum improvements necessary to achieve compliance with the legislative requirements identified. RQIA were assured that the appropriate actions to address the identified issues have been taken.

The requirement in relation to ensuring that enhanced AccessNI checks are received prior to any new staff commencing work in the practice has been stated for the second time.

Five recommendations have been made in relation to the recording of staff inductions, further developing the safeguarding children and adults at risk of harm policies in keeping with best practice guidance, providing buccal Midazolam in the format as recommended by the Health and Social Care Board (HSCB), the ongoing audit of compliance with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices and the provision of colour coded cleaning equipment in keeping with best practice.

### **Is care effective?**

Observations made, review of documentation and discussion with Mrs McKeogh, Mr McKeogh and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

**Is care compassionate?**

Observations made, review of documentation and discussion with Mrs McKeogh, Mr McKeogh and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

**Is the service well led?**

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. A number of quality assurance processes were in place. However, an issue identified in relation to recruitment and selection processes relates to quality assurance and good governance. A requirement has been made for a second time and RQIA will continue to monitor the practice in relation to the recruitment and selection of staff.

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 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

**1.1 Inspection outcome**

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs McKeogh and Mr McKeogh as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

**1.2 Actions/enforcement taken following the most recent care inspection**

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 5 November 2015.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mrs Una McKeogh and Mr Brendan McKeogh	<b>Registered manager:</b> Mr Brendan McKeogh
<b>Person in charge of the practice at the time of inspection:</b> Mr Brendan McKeogh	<b>Date manager registered:</b> 2 September 2014
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

## 3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mrs McKeogh, Mr McKeogh, an associate dentist, two dental nurses and a receptionist. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 5 November 2015

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

**4.2 Review of requirements and recommendations from the last care inspection dated 5 November 2015**

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that the following issues in relation to enhanced AccessNI checks are addressed:</p> <ul style="list-style-type: none"> <li>• enhanced AccessNI checks must be undertaken for the three identified staff members;</li> <li>• enhanced AccessNI checks must be received prior to any new staff commencing work in the practice; and</li> <li>• enhanced AccessNI checks must be handled in keeping with the AccessNI Code of Practice</li> </ul>	<p><b>Partially Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records confirmed that enhanced AccessNI checks had been undertaken for the three identified staff members immediately following the previous inspection.</p> <p>The AccessNI checks had been handled in keeping with the AccessNI code of practice and a log had been developed.</p> <p>However, one newly recruited member of staff had commenced work prior to receipt of a satisfactory AccessNI enhanced disclosure check. This part of the requirement has not been fully met and has been stated for a second time.</p>	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) (d)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity must be added to the staff file reviewed.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the personnel file for the most recently recruited staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained with the exception of a criminal conviction declaration. This was discussed with Mrs Keogh and Mr McKeogh and it was agreed that this would be obtained for any staff commencing work in the future.</p>		
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Second time</p>	<p>As recommended in the legionella risk assessment, implement monthly monitoring of the sentinel water temperatures, and retain records for inspection.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records and discussion with Mr McKeogh confirmed that hot and cold sentinel water temperatures are monitored and records maintained on a monthly basis.</p>		
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that a robust system to check the expiry dates of emergency medicines and equipment should be established and records of expiry date checks must be retained.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records and discussion with Mr McKeogh confirmed that a robust system has been implemented to check expiry dates of emergency medicines.</p>		

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that a pocket mask with oxygen port, oropharyngeal airways in the various sizes and a self-inflating bag with reservoir suitable for use with children are provided as recommended by the Resuscitation Council (UK).</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A pocket mask, oropharyngeal airways and a self-inflating bag with reservoir suitable for use with children have been provided.</p>		

**4.3 Is care safe?**

**Staffing**

Three dental surgeries are in operation in this practice. Discussion with Mrs McKeogh, Mr McKeogh, staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Mr McKeogh and staff confirmed that inductions had taken place however, these had not been recorded. A recommendation has been made.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

**Recruitment and selection**

A review of the submitted staffing information and discussion with Mrs McKeogh and Mr McKeogh confirmed that one member of staff had been recruited since the previous inspection. As previously discussed a review of the personnel file for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained with the exception of a criminal conviction declaration. It was agreed that a criminal conviction declaration would be obtained for any staff commencing work in the future.

As previously discussed one member of staff had commenced work in McKeogh Dental Care prior to receipt of a satisfactory AccessNI enhanced disclosure check. The member of staff commenced employment on 27 April 2016 and the enhanced AccessNI disclosure check was received on 9 May 2016. Mrs McKeogh confirmed that the member of staff had initially been employed on a part time basis and had only worked supervised for two days during this period. However, as this matter had been raised during the previous inspection on 5 November 2015

RQIA were concerned that the safeguards, to protect and minimise risk to patients during recruitment, were being compromised. A serious concerns meeting was held at RQIA on 5 October 2016. At this meeting, Mrs McKeogh and Mr McKeogh provided an account of the actions taken to date, including the systems and processes implemented in order to avoid a reoccurrence and the arrangements made to ensure the minimum improvements necessary to achieve compliance with the legislative requirement identified. RQIA were assured that the appropriate actions to address the identified issues were being taken. The requirement in relation to ensuring that enhanced AccessNI checks are received prior to any new staff commencing work in the practice has been stated for the second time.

There was a recruitment policy and procedure available. The policy was amended following the inspection and sent via email to RQIA. The reviewed policy was comprehensive and reflected best practice guidance.

## **Safeguarding**

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

One overarching policy and procedure was in place for the safeguarding and protection of adults and children. The policy reviewed referred mainly to the safeguarding of children. This was discussed with Mr McKeogh and it was agreed that the policy would be reviewed to include the types and indicators of abuse, distinct referral pathways in the event of a safeguarding issue arising and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise for both adults at risk and children. A recommendation has been made to further develop the safeguarding children and adults at risk of harm policies in keeping with best practice guidance.

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). However, the Glucagon medication was stored out of the fridge and a revised expiry date had not been recorded. Mrs McKeogh was advised that a revised expiry date should be marked on the medication packaging to reflect that the cold chain has been broken. On the day of the inspection this was actioned. The format of Buccal Midazolam available was not the format recommended by the HSCB. A recommendation has been made.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained in the practice with the exception of a portable suction machine. RQIA received confirmation by telephone following the inspection that this item had been located. It was confirmed that the practice do not have an automated external defibrillator (AED). However, the practice does have access to a community AED located nearby.

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



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 best practice guidance.

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 location of medical emergency medicines and equipment.

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

### **Infection prevention control and decontamination procedures**

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including washer disinfectors and a steam steriliser have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05 Decontamination in primary care dental practices.

It was confirmed that the Infection Prevention Society (IPS) audit tool had not been completed. A recommendation has been made to complete the IPS audit tool six monthly in accordance with HTM 01-05 and any deficits identified should be addressed.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

### **Radiography**

The practice has three surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

## **Environment**

The environment was maintained to a good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas. A colour coded cleaning system was in place. However, the colour coded system in use was not in keeping with best practice guidance. This was discussed with Mr McKeogh and a recommendation has been made.

Arrangements were in place for maintaining the environment. This included servicing of the firefighting detection system, firefighting equipment and portable appliance testing (PAT) of electrical equipment.

A legionella risk assessment has been undertaken and as previously discussed water temperature is monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

## **Patient and staff views**

Three patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

Comments provided included the following:

- "Very well looked after by all staff."
- "Definitely."

Six staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

- "We have a daily meeting in the morning to ensure every member of the team is aware of each person's needs."

## Areas for improvement

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

Records of induction should be retained of any new staff recruited.

The policy for safeguarding children and adults at risk of harm should be further developed in keeping with best practice guidance.

Provide buccal Midazolam in the format as recommended by the HSCB; that is Buccolam prefilled syringes.

A six monthly audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken and any deficits identified should be addressed.

Colour coded cleaning equipment should be in keeping with The National Patient Safety Agency cleanliness guidelines.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	5
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## 4.4 Is care effective?

### Clinical records

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

### Health promotion

The practice has a strategy for the promotion of oral health and hygiene. A range of health promotion information leaflets were available in the reception area. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations.

The practice has a section on their web site encouraging patients to call in and have a chat regarding their needs in an informal basis. Mr McKeogh discussed how the staff treat patients from a holistic perspective and the practice have developed "The Recognition Series" which reflects their passionate commitment to see patients as individuals. This has included exhibits and gatherings to celebrate the life history, experiences and opinions of individuals within the community. On a weekly basis the staff get together as a team and either run or walk in the local area during lunch to encourage others in the local community to keep fit and show that exercise can be fun. The practice is to be commended in regards to their extensive health promotion programme.

## **Audits**

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- clinical records
- recording of medical history
- review of complaints/accidents/incidents

As previously discussed a recommendation has been made to complete the IPS audit tool six monthly in accordance with HTM 01-05 and any deficits identified should be addressed.

## **Communication**

Mrs McKeogh confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a weekly basis to discuss clinical and practice management issues. However, minutes of staff meetings have not been retained. Mr McKeogh agreed to keep a record of meetings carried out in the future

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice. Staff demonstrated how the practice encourages an environment where the staff have fun and place a high emphasis on team building.

A breaking bad news policy in respect of dentistry was in place.

## **Patient and staff views**

All three patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

Comments provided included the following:

- “Always well explained.”
- “Apart from the individual care of the patients, every morning and every evening the care of the patients is previewed and reviewed by the team.”

All six submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

- “I feel that patient care is always a top priority in this practice.”
- “The evening meeting is used to evaluate the efficacy of our time with the patients.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

**Dignity, respect and involvement in decision making**

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient’s privacy is respected. Staff discussed conversing with patients and conducting telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. 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.

A policy and procedure was in place in relation to confidentiality.

**Patient and staff views**

All three patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

All six submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

- “Strong emphasis within the practice.”
- “Very important in our practice.”
- “We have a team member who oversees how each patient’s care is, including how involved their family is.”
- “We employ an extra dental nurse to ensure full discussion takes place with our patients.”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

### Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. 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 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mrs McKeogh confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mrs McKeogh and Mr McKeogh demonstrated a clear understanding of their role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

As previously discussed in section 4.3 an issue of concern was identified during this inspection in relation to the recruitment and selection of staff. A requirement has been made for a second time and RQIA will continue to monitor the practice around the recruitment and selection of staff.

### **Patient and staff views**

All three of the patients who submitted questionnaire responses indicated that they felt that the service is well managed.

One comment provided included the following:

- "Always very happy."

All six submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

One comment provided included the following:

- "We have a weekly team meeting to discuss any overarching issues."

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## **5.0 Quality improvement plan**

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs McKeogh and Mr McKeogh as part of the inspection process. The timescales commence from the date of inspection.

Mrs McKeogh and Mrs McKeogh 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 provider 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 the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

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

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2 (as amended)  <b>Stated:</b> Second time  <b>To be completed by:</b> 28 September 2016	The registered persons must ensure that the following issue in relation to enhanced AccessNI checks is addressed: <ul style="list-style-type: none"> <li>• enhanced AccessNI checks must be received prior to any new staff commencing work in the practice</li> </ul>
	<b>Response by registered provider detailing the actions taken:</b> McKeogh Dental Care has revised its recruitment and selection policy.
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 11.3  <b>Stated:</b> First time  <b>To be completed by:</b> 28 September 2016	Records of induction should be retained of any new staff recruited.
	<b>Response by registered provider detailing the actions taken:</b> Records of induction will be retained in HR file and in individuals professional dairy.
<b>Recommendation 2</b>  <b>Ref:</b> Standard 15.3  <b>Stated:</b> First time  <b>To be completed by:</b> 28 January 2017	The policy for safeguarding children and adults at risk of harm should be further developed in keeping with best practice guidance.
	<b>Response by registered provider detailing the actions taken:</b> Child protection and safeguarding policy ,plus adult safe guarding policy has been updated as referenced by western trust.

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 December 2016</p>	<p>Provide buccal Midazolam in the format as recommended by the Health and Social Care Board (HSCB); that is Buccolam prefilled syringes.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Buccal Midazolam is now available in pre filled syringes.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 January 2017</p>	<p>A six monthly audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken and any deficits identified should be addressed.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Audit has taken place as recommended.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 January 2017</p>	<p>Cleaning equipment should be colour coded in keeping with The National Patient Safety Agency cleanliness guidelines.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Our cleaning equipment is now colour coded in keeping with the National Patient Safety Agency cleanliness guidelines.</p>

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**



The Regulation and  
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