



The Regulation and
Quality Improvement
Authority

McKeogh Dental Care
RQIA ID: 11597
220 Main Street
Lisnaskea
BT92 0JG

Inspector: Stephen O'Connor
Inspection ID: IN023391

Tel: 028 6772 2292

**Announced Care Inspection
of
McKeogh Dental Care**

05 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 05 November 2015 from 09:50 to 12:50. On the day of the inspection the management of medical emergencies was found to be generally safe, effective and compassionate. It was identified that some improvement is needed to ensure that recruitment and selection is safe, effective and compassionate. An outstanding issue from the previous inspection in regards to legionella control measures also needs 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 09 April 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	3

The details of the QIP within this report were discussed with Mr Brendan McKeogh, 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: Mrs Una McKeogh Mr Brendan McKeogh	Registered Manager: Mr Brendan McKeogh
Persons in Charge of the Practice at the Time of Inspection: Mrs Una McKeogh Mr Brendan McKeogh	Date Manager Registered: 02 September 2014
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 Mrs Una McKeogh and Mr Brendan McKeogh, registered persons, a receptionist and a trainee dental nurse.

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 09 April 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 09 April 2014

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 30 (h)</p> <p>Stated: First time</p>	<p>The responsible individuals must notify RQIA if the premises of the establishment are significantly altered or extended.</p> <p>An application must be made and appropriate fee paid as a matter of urgency to vary the current registration for the practice in respect of the decommissioning of one of the dental surgery.</p> <p>Action taken as confirmed during the inspection: A variation to registration application to decrease the number of registered dental chairs from four to three was submitted to RQIA following the previous inspection. The variation to registration application was approved from the 09 April 2014.</p>	<p>Met</p>
<p>Requirement 2</p> <p>Ref: Regulation 11 (1) (b) (i) 11 (2) (a) (b)</p> <p>Stated: First time</p>	<p>The responsible individuals must give notice in writing to RQIA, of the appointment of a registered manager for the practice, submit the appropriate application and associated fee.</p> <p>Action taken as confirmed during the inspection: A registered manager application on behalf of Mr Brendan McKeogh was submitted to RQIA following the previous inspection. The registration of Mr Brendan McKeogh as registered manager was approved from the 02 September 2014.</p>	<p>Met</p>

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 8 Stated: First time	<p>A report detailing the findings of the patient satisfaction survey must be generated and made available to patients and other interested parties. A copy of the report should be retained in the practice for inspection.</p>	Met
	<p>Action taken as confirmed during the inspection: A report detailing the findings of the most recent patient satisfaction surveys was submitted to RQIA prior to this inspection. It was noted that the report was not dated. Mr McKeogh confirmed that the report was generated during October 2015 and that in the future patient satisfaction reports will be dated.</p>	
Recommendation 2 Ref: Standard 13 Stated: First time	<p>In keeping with best practice guidance as outlined in HTM 01-05 the floor coverings in the clinical areas must be sealed at the edges where they meet the walls and kicker boards of cabinetry.</p>	Met
	<p>Action taken as confirmed during the inspection: It was observed that the flooring in surgery two had been sealed where it meets the skirting boards and kicker boards of cabinetry. Mr McKeogh confirmed that the flooring in surgeries one and three has also been sealed.</p>	
Recommendation 3 Ref: Standard 13 Stated: First time	<p>In keeping with best practice guidance the overflows in all dedicated hand washing basins must be blanked off using a stainless steel plate and sealed with antibacterial mastic, and the plugs removed.</p>	Met
	<p>Action taken as confirmed during the inspection: It was observed that the overflow in the stainless steel hand washing basin in surgery two has been blanked off as recommended. Mr McKeogh confirmed that the overflows in all stainless steel hand washing basins have been blanked off as recommended.</p>	

Recommendation 4 Ref: Standard 13	As recommended in the legionella risk assessment, implement monthly monitoring of the sentinel water temperatures, and retain records for inspection.	Not Met
Stated: First time	Action taken as confirmed during the inspection: Discussion with Mr McKeogh and staff demonstrated that monthly monitoring of sentinel hot and cold water temperatures has not been implemented. Mr McKeogh was advised to refer to the legionella risk assessment undertaken by an external organisation and establish if the risk assessment identified which sentinel outlets should be monitored, the frequency of temperature checks and if it includes templates that could be used to record information. This recommendation has not been addressed and it has been stated for a second time.	
Recommendation 5 Ref: Standard 13	Results of the daily automatic control test for the steam steriliser should be recorded.	Met
Stated: First time	Action taken as confirmed during the inspection: One non-vacuum steriliser is in routine use in the practice. A pre-printed logbook was in place and used to record the results of periodic tests. Review of the logbook demonstrated that the details of the daily automatic control test were recorded.	

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 Mrs McKeogh 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 in the main emergency medicines are provided in keeping with the British National Formulary (BNF). It was observed that buccal Midazolam and adrenalin in a format suitable for administration to children were not available. Mrs McKeogh and staff confirmed that a check of the emergency medicines established that the identified medicines had expired and subsequently these medicines had been ordered.

Mr McKeogh and staff were advised that Buccolam pre-filled syringes are the format of buccal Midazolam recommended by the Health and Social Care Board (HSCB). It was confirmed in an email received on 17 November 2015 that the identified medicines are now available in the practice.

Review of emergency equipment evidenced that some equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed that oropharyngeal airways were available in two sizes; however one of the airways had exceeded the stated expiry date. It was also established that a pocket mask with oxygen port and a self-inflating bag with reservoir suitable for use with children were not available. A recommendation was made to address this.

Mr McKeogh confirmed that the practice does not have an automated external defibrillator (AED). However, the practice does have access to a community AED located on Lisnaskea main street.

As discussed above, prior to the inspection it was established that two of the emergency medicines had exceeded their expiry dates. Mrs McKeogh confirmed that a new procedure for monitoring the expiry dates of emergency medicines has recently been established. The expiry dates of emergency medicines are now entered in the practice diary. A recommendation was made that a more robust system should be established to monitor the expiry dates of emergency medicines and equipment. This should state that there is an identified individual within the practice with responsibility for checking emergency medicines and equipment and that a record of the checks should be retained. Advice was given in this regard.

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 it was identified that some improvement is needed to ensure that the arrangements for managing a medical emergency are 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 Mrs McKeogh 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 Mrs McKeogh 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

A robust system to check the expiry dates of emergency medicines and equipment must be established. Records of expiry date checks must be retained.

A Pocket masks with oxygen ports, oropharyngeal airways in the various sizes and a self-inflating bag with reservoir suitable for use with children should be provided as recommended by the Resuscitation Council (UK).

Number of Requirements:	0	Number of Recommendations:	2
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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 in two files
- evidence of current GDC registration, where applicable
- confirmation that the person is physically and mentally fit to fulfil their duties and
- evidence of professional indemnity insurance, where applicable.

The arrangements for enhanced AccessNI checks were reviewed. None of the files reviewed included documentation in relation to AccessNI checks. Mr McKeogh confirmed that enhanced AccessNI checks had not been undertaken or received. A requirement was made to address this. The procedure for undertaking and handling AccessNI checks was discussed with Mr McKeogh and staff.

None of the files reviewed included two written references, details of full employment history, including an explanation of any gaps in employment (if applicable), documentary evidence of qualifications or a criminal conviction declaration by the applicant.

Mr McKeogh and staff were advised that staff personnel files must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A requirement was made in this regard.

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 McKeogh 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?

As discussed previously, 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.

Three personnel files were reviewed. It was noted that two of the files included a contract of employment/agreement. This was discussed with Mr McKeogh who confirmed that the staff file that did not include a contract relates to a new staff member and that this is in the process of being addressed.

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 McKeogh 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.

Enhanced AccessNI checks had not been undertaken in respect of the three staff recruited since registration with RQIA. The importance of obtaining enhanced AccessNI checks, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr McKeogh and staff. Following the inspection the AccessNI Code of Practice was forwarded to the practice.

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

AccessNI checks must be undertaken for the three staff members identified. AccessNI checks must be received prior to any new staff commencing work in the practice. AccessNI checks must be handled in keeping with the AccessNI Code of Practice.

Staff personnel files for any staff who commence work in the future, including self-employed staff must 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.

Number of Requirements:	2	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 Mrs Una McKeogh and Mr Brendan McKeogh, registered persons, a receptionist and a trainee dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Six 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 issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Brendan McKeogh, 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 persons 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 persons 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 persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 05 December 2015</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"> • enhanced AccessNI checks must be undertaken for the three identified staff members; • enhanced AccessNI checks must be received prior to any new staff commencing work in the practice; and • enhanced AccessNI checks must be handled in keeping with the AccessNI Code of Practice. <p>Response by Registered Persons Detailing the Actions Taken: I can confirm that we have now carried out enhanced Access NI checks for the three members of staff through the umbrella organisation Fermanagh Rural Community and will ensure that it is now practice policy to have this completed prior to any new staff commencing work in the practice.</p>
<p>Requirement 2</p> <p>Ref: Regulation 19 (2) (d)</p> <p>Stated: First time</p> <p>To be Completed by: 05 November 2015</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>Response by Registered Persons Detailing the Actions Taken: A copy of Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been recorded in the HR folder and has now been implemented as practice policy to have the 10 things required under these regulations for all staff who commence work in the future. We also have copies of photographic ID (either valid driver's license or passport) for all members of staff currently working at McKeogh Dental Care.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p> <p>To be Completed by: 05 December 2015</p>	<p>As recommended in the legionella risk assessment, implement monthly monitoring of the sentinel water temperatures, and retain records for inspection.</p> <p>Response by Registered Persons Detailing the Actions Taken: A staff member is now heading up legionella risk assessment in the practice and will be recording the temperature of every hot and cold tap in the practice on the first Monday of every month. This information is being recorded in a folder and will be retained for inspection.</p>

<p>Recommendation 2</p> <p>Ref: Standard 12.4 Stated: First time</p> <p>To be Completed by: 14 November 2015</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>Recommendation 3</p> <p>Ref: Standard 12.4 Stated: First time</p> <p>To be Completed by: 05 December 2015</p>	<p>Response by Registered Persons Detailing the Actions Taken: Emergency Medical and Equipment expiry dates are now checked on a monthly basis. There has been a folder created to record all expiry dates and this will be retained for inspection.</p>		
	<p>Response by Registered Persons Detailing the Actions Taken: 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>Response by Registered Persons Detailing the Actions Taken: In addition to the emergency kit we had in the practice on the date of our inspection (5th November 2015), we now also have a Laerdal pocket mask which seals easily to adult, child and infant faces and has an inlet to enable supplementary oxygen delivery, Guedel Disposable Airways Oropharyngeal in sizes 0 (Black), size 1 (White), Size 2 (Blue) and size 4 (Red) and a single use child's Vinyl Resuscitator which includes a mask, vomit deflector, reservoir bag and oxygen drive line.</p>		
<p>Registered Manager Completing QIP</p>	<p>Brendan McKeogh</p>	<p>Date Completed</p>	<p>23/12/2015</p>
<p>Registered Person Approving QIP</p>	<p>Brendan McKeogh</p>	<p>Date Approved</p>	<p>23/12/2015</p>
<p>RQIA Inspector Assessing Response</p>	<p>Stephen O'Connor</p>	<p>Date Approved</p>	<p>23/12/2015</p>

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