



The **Regulation** and
Quality Improvement
Authority

18 Dental
RQIA ID: 11603
18 Lodge Road
Coleraine
BT52 1NB

Inspector: Norma Munn
Inspection ID: IN023130

Tel:028 7032 7057

**Announced Care Inspection
of
18 Dental**

24 July 2015

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

An announced care inspection took place on 24 July 2015 from 10:00 to 13:30. Overall on the day of the inspection the management of medical emergencies were found to be generally safe, effective and compassionate. Improvements in the management of 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. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to 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 September 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 Ms Laura Neill, 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: Ms Ursula Mulholland	Registered Manager: Ms Ursula Mulholland
Person in Charge of the Practice at the Time of Inspection: Ms Laura Neill, practice manager	Date Registered: 5 February 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 4

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 Ms Laura Neill, practice manager and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment, and two patient medical histories.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the practice was an announced care inspection dated 16 September 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 16 September 2014

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: second time	Blank off the overflow of the hand wash sink in the decontamination room using a stainless steel plate and sealing it with anti-bacterial mastic.	Met
	Action taken as confirmed during the inspection: It was observed that the hand wash sink in the decontamination room had been blanked off.	
Recommendation 2 Ref: Standard 13 Stated: second time	Address the ventilation issues of the decontamination room to ensure the provision of make-up air. Extract ventilation should be provided at the 'dirty' side of the decontamination room and make up air at the 'clean' side.	Not Met
	Action taken as confirmed during the inspection: It was observed that the ventilation issue in the decontamination room has not been addressed. On the day of the inspection the room felt very warm. Discussion with staff confirmed that the warm temperature of the room is uncomfortable to work in. This matter was discussed with Ms Neill who informed the inspector that an estimate cost has been provided to the practice for work to be carried out. Since the previous inspection the practice has confirmed that the building is a listed building and make up air cannot be provided from outside. Bearing in mind the generation and build-up of heat in this room and in the interests of health and safety of staff, consideration should be given to the initial proposal using make up air from the steri room area to provide adequate ventilation.	

	As this recommendation has previously been stated twice, a requirement was made to address the ventilation during this inspection.	
Recommendation 3 Ref: Standard 13 Stated: first time	<p>A procedure should be developed for the management of blood and bodily spillages. A spillage kit should be provided and staff training should also be provided.</p> <p>The sharps injury protocol should also be further developed to include the arrangements for onward referral in the event of a staff member sustaining a sharps injury.</p> <p>The policy and procedure in place for cleaning and maintaining the environment should be further developed to include the arrangements for the general environment and the colour coding of equipment used for cleaning.</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of policies and procedures and discussion with Ms Neill confirmed that a procedure is in place to manage blood and bodily fluids spillages and sharps injuries referrals.</p> <p>A spillage kit was observed and discussion with Ms Neill confirmed that staff had training in the management of blood and bodily fluid spillages.</p> <p>The arrangements for general cleaning of the environment has been developed to include the colour coding of equipment.</p>	Met
Recommendation 4 Ref: Standard 13 Stated: first time	<p>The fabric covered chairs in dental surgeries should be removed.</p> <p>Action taken as confirmed during the inspection:</p> <p>It was observed in one surgery that the fabric chairs were no longer in place. Discussion with Ms Neill confirmed that all fabric covered chairs had been removed from the surgeries identified.</p>	Met

<p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: first time</p>	<p>The daily automatic control test (ACT) specifics of the sterilisation temperature and hold time and the pressure reading should be recorded in the steriliser logbooks.</p>	<p>Not Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the steriliser logbooks evidenced that ACT records are not retained. This was discussed with Ms Neill and staff.</p> <p>Following the inspection Ms Neill requested via email further information regarding this recommendation. A response was provided to Ms Neill on 7 August 2015 with further guidance in this regard.</p> <p>This recommendation has not been addressed and has been stated for a second time.</p>	

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 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 in the main, emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed the format of Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Ms Neill was advised that when the current format of Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

A 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. It was observed that oropharyngeal airways were available as recommended by the Resuscitation Council (UK). However, the airways available had exceeded their expiry dates. This was discussed with Ms Neill who readily agreed to replace the airways.

It was also observed that child face masks and paediatric pads for the Automated External Defibrillator (AED) were not available as recommended by the Resuscitation Council (UK). This was discussed with Ms Neill.

During the inspection written confirmation was received from Ms Neill that the replacement airways, child face masks and AED paediatric pads had been ordered.

Discussion with staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

On the day of the inspection the arrangements for managing a medical emergency were 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 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 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 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

More robust arrangements should be implemented to ensure emergency equipment does not exceed their expiry date.

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

Is Care Safe?

There was a recruitment policy and procedure available in the practice. The policy was comprehensive reflecting 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;
- 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;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

Personnel files reviewed did not contain a criminal conviction declaration. One file contained one written reference only and the other two files did not contain any evidence of references being sought. This was discussed with Ms Neill who readily agreed that criminal conviction declarations and two written references would be obtained in the future.

The arrangements for enhanced AccessNI checks were reviewed. In two of the files reviewed it was identified that an enhanced AccessNI check was received prior to the staff members commencing work.

However, in one file reviewed it was identified that an enhanced AccessNI check was received four weeks after the staff member commenced work. It was also observed that the original disclosure certificates were still retained on file. The storage of disclosure information is not in keeping with the AccessNI code of practice. Ms Neill confirmed that the practice have subsequently put a system in place to ensure that Access NI checks are in place prior to new staff commencing work.

A staff register was developed during the inspection 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. Ms Neill is aware that this is a live document that should be kept up to date.

Ms Neill 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 above further development is needed in relation to enhanced AccessNI procedures, criminal conviction declarations and obtaining written references to ensure that recruitment and selection procedures comply with all relevant legislation.

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

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

Discussion with Ms Neill 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 that recruitment and selection procedures are effective.

Is Care Compassionate?

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

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice.

As previously stated, review of three staff personnel files demonstrated that an AccessNI check was not received prior to one staff member commencing work. The importance of obtaining enhanced AccessNI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Ms Neill.

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 it was identified that recruitment and selection procedures are compassionate.

Areas for Improvement

Enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice. Enhanced AccessNI certificates must be handled in keeping with the AccessNI code of practice.

Staff personnel files for newly recruited staff should include a criminal conviction declaration and two written references as indicated in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Number of Requirements	1	Number Recommendations:	1
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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 Ms Laura Neill, practice manager and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three questionnaires 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 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 evidence provided in 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 Ms Laura Neill, 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 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 may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to 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 by the registered manager.

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/manager 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/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 25 (2) (b) Stated: First time To be Completed by:	<p>The registered person must address the ventilation in the decontamination room to ensure the provision of make-up air in the interest of health and safety for staff. Extract ventilation should be provided at the 'dirty' side of the decontamination room and make up air at the 'clean' side.</p> <p>Response by Registered Manager Detailing the Actions Taken: We have been in contact with the company who currently install & maintain our Airconditioning System. They have been provided with the advisory documents Mr J Singh/ E Campbell provided following the last inspection & proposed drawing/ plan for improvement. On receiving the next proposed plan, we will forward it to inspector N Munn for approval in line with HTM0105 prior to its application.</p>
Requirement 2 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be Completed by: 24 July 2015	<p>The registered person must address the following issues in relation to AccessNI checks:</p> <ul style="list-style-type: none"> • Enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice; and • Enhanced AccessNI disclosure certificates must be handled in keeping with the AccessNI code of practice. <p>Response by Registered Manager Detailing the Actions Taken: Current policies & procedures are now in place to advise & ensure that Enhanced Access NI checks are undertaken prior to any offer of employment. The umbrella company which we now use, facilitate online applications which allow for a same day decision to be given. In accordance with the Access NI code of practice, we now keep a register of certificates we receive, this details any information disclosed & dates as well as the relevant reference numbers. Once this information is derived, the certificate is then shredded as the validity of this can change within the space of a day- the practice policy opts not to retain these up to the maximum allowance of 6 months.</p>
Recommendations	
Recommendation 1 Ref: Standard 13 Stated: Second time	<p>The daily automatic control test (ACT) specifics of the sterilisation temperature and hold time and the pressure reading should be recorded in the steriliser logbooks.</p>

<p>To be Completed by: 7 August 2015</p>	<p>Response by Registered Manager Detailing the Actions Taken: Following inspector N Munn's email & supporting advice on 07/08/15, we have amended our practice procedures regarding these tests. All relevant staff have been informed of this update and further training has been given where necessary.</p>
<p>Recommendation 2 Ref: Standard 12.4 Stated: First time</p>	<p>It is recommended that the system for checking emergency equipment is further developed to include all emergency equipment in the practice.</p>
<p>To be Completed by: 24 July 2015</p>	<p>Response by Registered Manager Detailing the Actions Taken: We have amended our current check sheets to include all emergency equipment. In accordance to our policy, these items are now checked on the first Monday of every month with the emergency drugs. Any items coming close to their expiry dates are highlighted to the senior dental nurse who in turn will ensure they are reordered as necessary. To date all emergency equipment & drugs have valid expiry dates.</p>

Recommendation 3 Ref: Standard 11.1 Stated: First time To be Completed by: 24 July 2015	It is recommended that staff personnel files for newly recruited staff should include a criminal conviction declaration and two written references as indicated in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.		
	Response by Registered Manager Detailing the Actions Taken: We now have practice policies & procedures in place to request written references at the point of initial application- one specifically from their most recent employer, the second can be a character reference. Additionally, we have updated our job application forms to include a supplementary page detailing the applicants declaration of criminal convictions (in addition to the Access NI checks) & the relevant practice policy reflects this update also.		
Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	Norma Munn	Date Approved	26 August 2015

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